



Phone [daytime]

Mobile

Date left employment (if applicable)

Email

Trading name of last employer to contribute to Australian Ethical Super on your behalf

Is this your current employer  Yes  No

### Step 2: Tax File Number (TFN) details

**i** Please read the section titled 'Tax File Number Details' on page 5 before completing this section.

I agree to provide my Tax File number:  Yes, my TFN is:   No

### Step 3: Claim Type (Please refer page 5 for details)

Please tick one option. If you would like more information or assistance, please call 1800 021 227

A  Retirement B  Rollover C  Unrestricted Non-Preserved Benefit D  Compassionate Grounds

How much of your Benefit would you like to claim? (tick option)

Whole Amount

Partial Amount \$

### Step 4: Claim Type A – Retirement details (Only complete if you have selected Type A Retirement)

I declare that I:

- Reached my preservation age & permanently retired (please see table right)
- Ceased employment after reaching age 60
- Am 65 or over (you may still be working)

Date of birth	Preservation Age
Before 1 July 1960	55
1 July 1960 – 30 June 1961	56
1 July 1961 – 30 June 1962	57
1 July 1962 – 30 June 1963	58
1 July 1963 – 30 June 1964	59
From 1 July 1964	60

### Step 5: Claim Type B – Rollover Fund details (Only complete if you have selected Type B Rollover)

I want to Rollover:

My Total Benefit

My Preserved Portion plus \$  of my Unrestricted Non-Preserved benefit  
Unless you instruct us otherwise, the balance of your Non-Preserved benefit will be paid to you directly.

My Preserved Portion only  Partial Benefit \$

**i** Important: Please consider the impact on any insurance cover you may have if you are left with a low balance that is insufficient to pay for insurance premiums. If you withdraw your whole account balance, your account will be closed and any insurance you have will end.

APRA fund or RSA details

Name of Rollover Fund

Postal Address

Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN (Australian Business Number)	USI (Unique Superannuation Identifier)
<input type="text"/>	<input type="text"/>

Other Super fund member number

**SMSF details**

If you are transferring an amount to a self-managed super fund, you must ensure that the details you provide about your self-managed super fund on or with this application matches exactly the details shown in [superfundlookup.gov.au](http://superfundlookup.gov.au), including the registered address. Australian Ethical must use SuperStream to roll over your super benefits. This means your SMSF will need an electronic service address (ESA) and Australian business number (ABN). SMSF trustees may wish to consider appointing a professional to assist them in meeting these requirements. Failure to provide matching details may result in requests for further information and delay the processing of your application.

**Please note: A copy of the SMSF's bank account statement (no older than 2 years) must be supplied (we cannot accept personal banking statements).**

SMSF Name (e.g. the trustee for...)

ABN (Australian Business Number)	ESA (Electronic Service Address)
<input type="text"/>	<input type="text"/>

Bank Account Name

BSB Number	Account Number
<input type="text"/>	<input type="text"/>

If exempt from an ABN, tick the reason for exemption:

- Exempt Public Sector Super Scheme
- Retirement Savings Account

For a rollover to a registered Self Managed Super Fund (SMSF), payment will be made by Electronic Funds transfer

**Step 6: Banking details**

Provide details of the account into which you would like your withdrawal paid. The account must be in your name and can be a joint account. **You must also provide a copy of a bank statement showing your full name, BSB and account number. This statement needs to be issued within the last 2 years.**

Banking Institution

Account Name\*

BSB Number	Account Number
<input type="text"/>	<input type="text"/>

Transaction description (This will appear on your bank statement)

**Note:** Bank account details must be in your name or jointly held in your name.

**Step 7: Proving your identity or age** (This section must be completed in full)

You have two options to prove your identity. Check (X) the box to make a selection.

**Option 1: I would like to use electronic verification**

By providing you my medicare, driver's license or Australian passport details below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification using reliable and independent data sources. I understand the fund uses a third party for this purpose.

You must provide details of at least two of the following documents:

**Document 1: Australian Driver's License**

First name as shown on your license

Surname as shown on your license

Australian Driver's License number

Card number

Expiry date

State of issue

**Document 2: Australian Passport**

Given name/s including middle name shown on your passport

Surname as shown on your passport

Australian passport number

Place of birth as shown on your passport

Country of birth (not shown on your passport)

Family name at birth (not shown on passport)

**Document 3: Medicare Card**

Full name as shown on your Medicare card, including initial

Card number

Valid to

I am person

on this card

**Option 2: I will like to provide certified copies of identification documents (see page 6 for instructions)**

I have attached proof of identity certified within the last 2 years with this form.

**Important:** Make sure the details you provide are accurate. If your personal details provided at the start of this form do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will delay your request.

## Step 8: Member declaration

### Declaration:

- I am aware that I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I have received, read, and agree to the terms outlined in the Australian Ethical Super Product Disclosure Statement (PDS) available at [australianethical.com.au](http://australianethical.com.au)
- I have received, read, and agree to be bound by the Privacy Collection Notice (Super) and the Privacy Policy available at [australianethical.com.au/privacy-policy](http://australianethical.com.au/privacy-policy)
- I authorise Australian Ethical Super to give effect to the withdrawal.
- I declare I am the Australian Ethical Super member whose details appear on this form.
- I acknowledge Australian Ethical has advised me to consider obtaining financial advice.
- I understand if I do not provide you with the information requested in this form, you may not be able to accept or carry out my requests or instructions.
- I have read and understand the section headed 'Tax File Number Details'.

Under the Superannuation Industry (Supervision) Act 1993, Australian Ethical Super is authorised to collect, use and disclose your tax file number. Australian Ethical Super may disclose your tax file number to another superannuation provider, when your benefits are being transferred, unless you request us in writing that your tax file number not be disclosed to any other superannuation provider.

Declining to quote your tax file number to us is not an offence. However giving your tax file number to your superannuation fund will have the following advantages:

- we will be able to accept all permitted types of contributions to your account/s;
- other than the tax that may ordinarily apply, you will not pay more tax than you need to - this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits; and
- it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

**Please indicate your current status:** (Please tick the box that applies to you)

I am an Australian citizen, New Zealand citizen or permanent resident of Australia;

or

I am a temporary resident and one of the following applies:

- have left Australia and I am not an Australian citizen New Zealand citizen or permanent resident of Australia;
- hold a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) visa;

or

- wish to claim payment on the grounds of permanent incapacity, temporary incapacity or this application to withdraw super is on behalf of a deceased member. If any of these circumstances applies, please contact Australian Ethical Super for assistance.

A temporary resident is someone who holds a temporary visa as described in the Superannuation Industry (Supervision) Regulations 1994 or in the Migration Act 1958

**!** Please note we currently do not accept electronic signatures on forms. To avoid delays or having to complete this form again, ensure you sign the documents with a wet ink signature (i.e. by hand with a black or blue ink pen).

Signature

**X**

Member's full name (please print)

Date (DD/MM/YYYY)

**?** If you have any questions, please contact Australian Ethical Super on 1800 021 227.

Australian Ethical Superannuation Pty Ltd (ABN 43 079 259 733, RSE L0001441, AFSL 526 055),  
Trustee of the Australian Ethical Retail Superannuation Fund (ABN 49 633 667 743, USI/SPIN CHR0001AU)

T 1800 021 227 | W [australianethical.com.au](http://australianethical.com.au)

# Supporting information for Benefit Payment Form

## Compulsory Details

Please complete your membership number, full name and date of birth details. Completing your full name and date of birth details will enable us to locate your account, should you be unable to supply us with your membership number. Avoid the use of initials.

## Claim type (Section 3)

### A Retirement benefit

Certified Proof of Age must be supplied for all retirement benefits.

To claim your retirement benefit:

1. Tick box A in Section 3.
2. Complete Section 1, 2, 3, 4, 6, 7, 8.
3. Send the Benefit Payment Request Form to Australian Ethical Super along with your certified proof of age.

### B Rollover all or part of your benefit to another fund

If you have changed employers you may choose to rollover all or part of your superannuation benefit to an approved fund. Tax will not be deducted when you rollover, unless we do not hold your TFN (please refer to notes under Tax File Number details).

To rollover your benefits to another fund:

1. Tick box B in Section 3.
2. Complete Section 1, 2, 3, 5, 7, 8.
3. Send the Benefit Payment Request Form to Australian Ethical Super along with your certified proof of identity.

### C Unrestricted Non-Preserved Benefit

Any unrestricted non-preserved amounts (less any applicable taxes) may be paid to you or you may request that it be rolled over to another superannuation fund. To claim your unrestricted non-preserved benefit in whole or in part:

1. Tick box C in Section 3.
2. Complete Sections 1, 2, 3, 4, 6, 7, 8.
3. Send the Benefit Payment Request Form to Australian Ethical Super along with your certified proof of identity.

You can claim your benefit in cash (less tax) if:

- You ceased employment prior to 1 July 1997 and your benefit was at that date and is currently under \$500, or
- You ceased employment after 1 July 1997 and your benefit was at that date and is currently under \$200.

To claim your benefit less than \$500 or less than \$200:

1. Tick the 'Unrestricted Non-Preserved Benefit' box in Section 3.
2. Complete Sections 1 and 2.
3. Send your Benefit Payment Request Form to Australian Ethical Super along with your certified proof of identity.

### D Severe Financial Hardship

To claim a Severe Financial Hardship benefit:

1. Tick box D in Section 3.
2. Complete sections 1, 2, 3, 6, 7, 8.
3. Complete the enclosed questionnaire.
4. Provide an original Q230 letter from Human Services. All paperwork must be received within 21 days of the Q230 letter being dated. If no questionnaire is enclosed please contact our Helpdesk on 1300 360 907 and request a copy.

### E Compassionate Grounds

To claim a benefit under Compassionate Grounds:

1. Tick box E in Section 3.
2. Complete sections 1, 2, 3, 6, 7, 8.
3. Provide a letter of approval from the ATO. (The ATO can be contacted on 13 10 20). All paperwork must be received within 21 days of the ATO letter being dated.

### Tax File Number Details (Section 2)

Please read the following information regarding the collection of tax file numbers:

- We can collect your tax file number under the Superannuation Industry (Supervision) Act 1993. You are not obligated to provide your TFN to Australian Ethical Super. However, if you do not provide your TFN, you will be taxed at the highest marginal rate of 45% plus the Medicare levy, compared to the concessional rate of 15%. It may also be more difficult to locate or amalgamate your superannuation benefits in future to pay you any benefits to which you are entitled.
- It is not an offence if you choose not to quote your tax file number. But if you don't tell us your tax file number, either now or later, you may pay more tax on your benefits. This additional tax would be able to be re-claimed at your next tax assessment with the Australian Taxation office. In addition, surcharge of up to 15% may apply to your superannuation contributions which may otherwise have not been payable. It may also be more difficult to locate or amalgamate your superannuation benefits in future to pay you any benefits to which you are entitled to.
- If you provide your tax file number to us, we may provide it to the trustee of another superannuation fund or to an RSA provider where that RSA provider or trustee is to receive your transferred benefits in the future. We won't pass your tax file number to such a trustee or RSA provider if you tell us in writing that you don't want us to do so.
- We may also give your tax file number to the Commissioner of Taxation where you receive a benefit, or for the purposes of the lost members register. We may also pass your tax file number to any relevant State authority or the Commissioner of Taxation when paying unclaimed monies. Otherwise your tax file number will be treated as confidential.

The lawful purposes for which your tax file number can be used and the consequences of not quoting your tax file number may change in future as a result of legislative change. For more information please contact your fund or the ATO Superannuation Helpline (13 10 20).

### Declaration (Section 8)

You must sign and date Section 8 and return the completed form to us.

## Proof of identity

As a requirement of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF legislation), you need to provide identification documentation with this transfer request to prove you are the person to whom the super entitlements belong. Please provide to us either one certified primary Identification (ID) document or two certified secondary documents as listed below..

### YOUR PRIMARY ID DOCUMENT REQUIREMENTS

You **MUST** supply **ONE** primary document from this list:

- Australian Driver's Licence (current)
- Australian Passport (not expired more than 2 years)
- International Passport (current)
- Proof of Age Card/NSW Photo Card (current and government issued)

### YOUR SECONDARY ID DOCUMENT REQUIREMENTS

Supply **ONE** of the following:

- Australian birth certificate, birth extract or citizenship certificate
- Foreign birth certificate or citizenship certificate
- Government issued concession card, such as a pensioner concession card, a health care card, or a seniors health care card

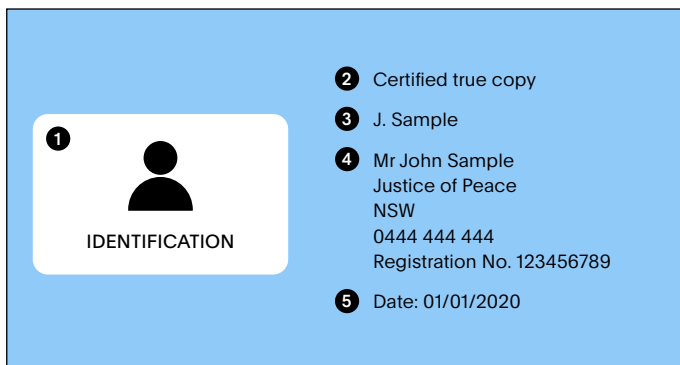
OR

**AND** supply **ONE** valid option that contains your current residential address;

- Utility Bill or Council Rates Notice (less than 3 months old)
- Taxation Notice or Centrelink Statement (less than 12 months old)

## How to certify documents

After sighting the original and the copy and making sure both documents are identical, the certifier must include on EACH page:



- 1 A clear copy of the document that identifies you (i.e. your driver's licence (front and back) or passport)
- 2 Write or stamp 'certified true copy' of the original document
- 3 The authorised person's signature
- 4 Full name, qualification, state, phone number and registration number (if applicable) of the authorised person
- 5 Date of certification (within 2 years of receipt)

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