



Withdrawal form

For Super members

This is the form you should fill out to make a withdrawal from your Australian Ethical Super account. You should read the Product Disclosure Statement (PDS) and Additional Information Booklet (AIB) before completing this form. These can be obtained from australianethical.com.au or on request by phoning 1800 021 227. Withdrawing money from your Australian Ethical Super account may have tax implications. We strongly recommend you speak to a financial adviser before making any decisions.

Important: If you make any amendments or corrections on the form due to an error, please acknowledge the changes by putting your initials and date on where the changes have occurred, otherwise the application will be invalid.

Send your completed form to:

Australian Ethical Super, GPO Box 3117 Brisbane QLD 4001

Or login to the member portal at australianethical.com.au/login and upload your completed form under the 'We're here to help' section".

Please use BLOCK LETTERS and black ink.

Important: This form is not to be used if applying for severe financial hardship, please contact us on 1800 021 227 to receive the correct severe financial hardship withdrawal form. If you intend to make a full withdrawal, any contribution splitting you have requested or intend to complete, must be submitted and processed before completing this form as no contribution splits can be completed after an account has been closed.

If you have made a personal contribution in which you intend to submit a Notice of Intent to Claim or Vary a Tax Deduction form for the total amount, this needs to be submitted before making a part or full withdrawal or rollover as it may alter the amount you are able to claim. For more information relating to this, refer to the Australian Taxation Office website.

Attach documentation if your personal details have changed

Name and date of birth changes - see the proof of identity fact sheet on Page 5.

Address changes - attach a copy of a recent bill, mail item or driver's licence that displays your new residential or postal address. Alternatively, you can change your contact details online by accessing your account at australianethical.com.au or by calling us on 1800 021 227.

If the required supporting documentation is not provided, the payment of your benefit will be delayed.

Step 1: Condition of release

| То | receive a payment using this form you need to confirm that either: |
|----|---|
| | you have reached your preservation age and are permanently retired* |
| | you have ceased an employment arrangement on or after turning age 60 |
| | you are 65 or over |
| | you are totally and permanently disabled or have a terminal illness [^] |
| | you are a temporary resident and are permanently departing Australia (excluding New Zealand)^ |
| | you have approval from the Australian Taxation Office (ATO) that your money should be released for compassionate grounds^# |
| | your super benefit contains an unrestricted, non-preserved amount and you wish to make a withdrawal of some or all of that amount |
| | your super benefit contains a restricted, non-preserved amount and you confirm that you have ceased the employment that gave rise to that restricted amount |

- * Your preservation age will be between ages 55 and 60, depending on your date of birth, as set out in the Product Disclosure Statement.
- ^ These claims require supporting documentation or the completion of additional forms. Contact us on 1800 021 227 for more information.
- # For Compassionate Grounds claims, complete this form and provide your bank statement, certified Identification, and the 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. Please upload each form individually by logging into your online portal via the 'We're here to help' section.



| Step 2: Personal details (This section | is used to verify your m | nembership in the fund, not | to update | your details) | |
|--|--------------------------|---------------------------------------|------------|---------------------------------|--|
| Account number | | Date of birth | | | |
| | | | | | |
| Full given name(s) | Surname | | | | |
| | | | | | |
| Phone number | | Email | | | |
| | | | | | |
| Residential Address | | | | | |
| | | | | | |
| Suburb | State | Postcode | Country | | |
| | | | | | |
| | | | | | |
| Step 3: Cash withdrawal details | | | | | |
| Withdrawal amount | | | | | |
| Please instruct us what you wish to do with y | our benefit: | | | | |
| Note: If you don't specify your withdrawal st | trategy the funds will | be withdrawn proportionat | ely across | s investment options held. | |
| ☐ Full withdrawal If you request for "Full Withdrawal," this will el insurances you hold with the account. | ffectively close your A | ustralian Ethical Superannua | ation acco | unt and cancel any associated | |
| OR | | | | | |
| _ | | | | | |
| A partial amount as detailed below | | Č ama a sumb ba a ba sudibb duras sum | | % of withdrawal amount | |
| Name of investment option | | \$ amount to be withdrawn | | % of withdrawai amount | |
| | | | | | |
| | | \$ | | % | |
| | | \$ | | % | |
| | | \$ | OR | % | |
| | | \$ | | % | |
| | | \$ | | % | |
| | | \$ | | % | |
| Total | | \$ | | 100% (total must add up to 100) | |

Bank account 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 6 months.

| Name of Australian financial institution | |
|---|--|
| | |
| BSB number | Account number |
| | |
| Account holder name | Account holder 2 name (if joint account) |
| *Note: Please ensure that the bank account nominated is held in you | ur name or in a joint account including your name. |
| ☐ I have attached a bank statement (no older than 6 months) show | ing the nominated account name and number |
| ☐ I have attached a certified copy of proof of identity (see Page 5 for | or requirements) |
| Note: The ability to pay as cash (and the rate of any applicable tax) n | nay depend upon your residency or citizenship status. |
| Please indicate your current status by ticking the appropriate box | |
| Are you an Australian or New Zealand citizen or an Australian Permai | nent Resident? |
| Yes No | tatus you will be advised accordingly |
| If your payment request is affected by your residency / citizenship st Failure to respond to the above question may result in delays in the | |
| Step 4: Tax File Number | |
| Under the Superannuation Industry (Supervision) Act 1993, Australian Ethical Super is authorised to collect, use and disclose | we will be able to accept all permitted types of contributions to your account/s; |
| our tax file number. Justralian Ethical Super may disclose your tax file number to nother superannuation provider, when your benefits are being ansferred, unless you request us in writing that your tax file limber not be disclosed to any other superannuation provider. | 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 |
| 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: | accounts in your name so that you receive all your superannuation benefits when you retire. |
| TFN | |
| | |
| | |
| | |
| Step 5: Rollover to another super fund (if applicable)# | |
| Rollover amount | |
| How much you would like to withdraw: | |
| Full withdrawal | |
| A partial amount of \$ | |

| Name of investment option | | \$ amount to | be withdrawn | | % of withdrawal amount | |
|--|---|---|--|---|---|--|
| | | \$ | | | % | |
| | | \$ | | | 9/0 | |
| | | \$ | | | 9/0 | |
| | | \$ | | OR | % | |
| | | \$ | | | % | |
| | | \$ | | | % | |
| | | \$ | |] | % | |
| Total | | \$ | | | 100% (total must add up to 100) | |
| Name of fund | | | | _ | | |
| | | | | | | |
| Member number | ABN | | | USI | | |
| | | | | | | |
| Additional requirements for trailing you are transferring an amount to a self-m super fund on or with this application match Australian Ethical must use SuperStream to (ESA) and Australian business number (ABN these requirements. Failure to provide match application. Please note: A copy of the SMSF's bank ach banking statements). | anaged super for the sexactly the coroll over your substitution (SMSF trustees). SMSF trustees thing details ma | If-managed sup and, you must ensure details shown in <u>super</u> aper benefits. This me is may wish to consid by result in requests for | per funds. That the details effundlookup.go eans your SMSF ver appointing a por further informa | you pro v.au, in vill nee professi tion and | ovide about your self-managed cluding the registered address. d an electronic service address onal to assist them in meeting d delay the processing of your | |
| Name of Australian financial institution | | | | | | |
| BSB number | | Account | number | | | |
| Account holder name | | Account | holder 2 name (if | joint a | ccount) | |
| ☐ I have attached the SMSF's bank statem Electronic Service Address (ESA) | ent (no older tha | an 6 months) showin | g the nominated | accoui | nt name and number | |
| If exempt from an ABN, tick the reason for e Exempt Public Sector Super Scheme Retirement Savings Account | xemption: | | | | | |

Step 5: Rollover to another super fund (if applicable)# (continued)

Step 6: Declaration

The details that I have provided are true and correct.

- 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 <u>australianethical.com.au</u>
- I have received, read, and agree to be bound by the Privacy Collection Notice (Super) and the Privacy Policy available at <u>australianethical.com.au/privacy-policy</u>
- · 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
- Please note if you are using an electronic signature, this must be signed using OneSpan, DocuSign, Annature or Adobe Acrobat Sign, and the forms will need to be accompanied by a time-stamped certificate.

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| × | |
|--------------------------------------|-------------------------------|
| Signatory's full name (please print) | Date form signed (DD/MM/YYYY) |
| | |

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.

OR

YOUR PRIMARY ID DOCUMENT REQUIREMENTS

| You MUST supply ONE primary document from this list |
|--|
| ☐ Australian Driver's Licence (current) |
| $\hfill \square$ 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:

| L | Australian | birth c | certificate, | birth 6 | extract o | r citizensh | p |
|---|-------------|---------|--------------|---------|-----------|-------------|---|
| | 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

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)
- 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)



Proof of identity (continued)

Who can certify documents in Australia?

- Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
- Agent of the Australian Postal Commission who is in charge of an office supplying postal services to the public.
- Architect
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bank Officer, Building Society Officer or Credit Union Officer (with two or more continuous years of service)
- **Commissioner for Affidavits or Declarations**
- Court Officer, Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- Fellow of the National Tax Accountant's Association
- Finance Company Officer (with two or more continuous years of service with one or more finance companies)
- Financial Adviser or Financial Planner
- Justice of the Peace
- Holder of a Statutory office not specified in another item
- **Legal Practitioner**
- Marriage Celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- Medical practitioner, Chiropractor, Dentist, Nurse, Optometrist, Physiotherapist, Psychologist, Midwife, **Occupational Therapist**
- Member of Chartered Secretaries Australia
- Member of Engineers Australia (other than at the grade of student), a Registered Professional Engineer of Professionals Australia or registered under a law of the Commonwealth, a State or Territory or registered on the National Engineering Register by Engineers Australia
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force (who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
- Member of the Governance Institute of Australia Ltd
- Member of the Institute of Chartered Accountants in Australia and New Zealand, the Australian Society of Certified Practising
- Accountants, Member of the Institute of Public Accountants or the Association of Taxation and Management Accountants

- Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)
- Migration agent registered under Division 3 of Part 3 of the Migration Act 1958
- Minister of Religion (under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- **Notary Public**
- Officer with, or Authorised Representative of an Australian Financial Services Licensee (who has had at least two years of continuous service with one or more licensees)
- Officer with, or a credit representative of, a holder of an Australian credit licence (who has had at least two years of continuous service with one or more licensees).
- Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- **Pharmacist**
- Police Officer, Sheriff or Sheriff's Officer
- Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)
- SES Employee of the Commonwealth
- Teacher employed on a full-time basis at a school or tertiary education institution
- Trade marks attorney, Patent Attorney
- Veterinary surgeon

Who can certify documents outside of Australia?

- an authorised staff member of an Australian Embassy, High Commission or Consulate
- an authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- an authorised employee of the Commonwealth of Australia who is in a country or place outside Australia
- a Member of the Australian Defence Force who is an officer or a non-commissioned officer with two or more years of continuous service
- Notary Public from a country ranked 129 or below in the latest **Transparency International Corruptions Perception Index:** transparency.org



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 AET0100AU)

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