

Lump Sum Withdrawal Form



1. Member number

Member number _____

2. Personal details

Title _____ Surname _____ Given names _____

Address _____

State _____ Postcode _____ Daytime phone () _____

Date of birth _____ / _____ / _____ Sex M / F (please circle)

3. Tax File Number

Collection of Tax File Numbers (TFNs) is authorised and their use and disclosure are strictly regulated by tax laws and the Privacy Act. It is not an offence if you do not provide a TFN, however if you do not quote it tax will be deducted at the highest marginal rate of taxation which is currently 46.5% (including Medicare Levy).

Tax File Number:

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4. Withdrawals

Part A: I hereby apply for a total release of my benefit (please tick)

Part B: I hereby apply for a partial release of my benefit (please tick)

Specify amount \$ _____

How would you like to receive your payment?

By cheque (please tick)

By electronic transfer (please tick) *Please provide details below*

Bank name and address _____

Post code _____

Account name _____ *You must be one of the account holders*

BSB number _____ Account number _____

5. Condition of Release

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The law restricts your ability to withdraw your superannuation benefit; therefore we need to know the reason for your withdrawal.

I have reached my preservation age and have permanently retired from the workforce.

Born on or after	Preservation Age
1 July 1960	56 years
1 July 1961	57 years
1 July 1962	58 years
1 July 1963	59 years
1 July 1964	60 years

I am over the age of 60 and declare that I have left my employer after my 60th birthday

I am over the age of 65 and wish to claim a lump sum benefit

Unpreserved benefits (*these can be withdrawn at any time*)

Permanently incapacitated
(You will need to provide 2 medical certificates stating that you are unable to return to the workforce by 2 independent doctors or specialists)

Date of retirement or ceasing work _____ / _____ / _____

I wish to rollover my benefit to another superannuation fund

Name of Fund _____

Address _____

_____ State _____ Post code _____

Superannuation Fund Number/ ABN _____

Member Number in New Fund _____

6. Declaration

I declare that the information that I have given in this form is true.

Signature _____ Date _____ / _____ / _____