

Suncorp Staff Superannuation Plan Withdrawal form



Issued 15 December 2009

SIS Super Pty Ltd (Trustee)
ABN 19 064 490 820 AFSL 229851 RSE L0001649

Please complete this form in a blue or black pen, using BLOCK letters and cross (X) to mark answer boxes.

Any questions? If you have any questions about this form, just call the Staff Plan Administrator on 07 3167 9511 or 1800 652 489.

1. Personal details

Account number

Title

Last name

Given name(s)

Date of birth

Occupation

Are you a temporary or former resident? Yes No

Daytime phone number Mobile

Residential address (sorry – we can't accept PO Boxes)

Street address

Suburb/Town

State Postcode

Postal address (if different from above)

Street address/
PO Box

Suburb/Town

State Postcode

2. Reason for withdrawal

Please cross (X) the appropriate box. We can't process your withdrawal unless you satisfy one of the conditions below.

- My balance is over \$1,200 and I would like to leave it all in the staff plan.
- I'm transferring to another fund.
- I'm permanently disabled. (Please attach medical evidence from two independent medical practitioners confirming your permanent disability.)
- I'm a non-resident on a temporary visa which has since expired or been cancelled and have permanently departed Australia to reside overseas. (Please contact us for further information.)
- I'm suffering from a terminal illness. (Please contact us for further information.)
- I've reached age 65.*
- I've ceased employment since turning age 60 (but I'm not necessarily retired).*
- I'm withdrawing an 'unrestricted non-preserved' amount.*
- I'm withdrawing a 'restricted non-preserved' amount.*
- I've retired after age 55 and have no intention of becoming gainfully employed in the future for 10 hours or more per week.*
- My total benefit is less than \$200 and I've terminated gainful employment with the employer-sponsor of this fund.*
- My total benefit is less than \$200 and I'm a member who was previously classified as a 'lost member'.*
- I'm withdrawing on compassionate grounds. (Please attach an original or certified copy of the letter of approval from APRA).*
- I'm withdrawing on the grounds of severe financial hardship. (Please contact the Suncorp Staff Plan Administrator to get this form. Please complete a severe financial hardship request form available at www.suncorp.com.au)*

Date left employer
(employer sponsored members only)

* If you're a temporary resident please indicate the date that you satisfied the condition above:

6. Investment option details (partial withdrawals only)

Please indicate the investment option(s) that you'd like your withdrawal to be paid from. If no selection is made, the Trustee will use its discretion to determine which investment option(s) will be used to make up this payment.

Investment option

	Amount
Conservative	
Suncorp Capital Guaranteed	\$ [] , [] , [] . [C] [C]
Moderately Conservative	
Suncorp Capital Stable	\$ [] , [] , [] . [C] [C]
Intech Conservative Selection	\$ [] , [] , [] . [C] [C]
Suncorp Australian Fixed Interest	\$ [] , [] , [] . [C] [C]
Balanced	
Intech Balanced Selection	\$ [] , [] , [] . [C] [C]
Suncorp Listed Property Trust	\$ [] , [] , [] . [C] [C]
Growth	
Suncorp Balanced	\$ [] , [] , [] . [C] [C]
Suncorp Growth	\$ [] , [] , [] . [C] [C]
Intech Growth	\$ [] , [] , [] . [C] [C]
High Growth	
Suncorp Australian Equities	\$ [] , [] , [] . [C] [C]
Suncorp International Equities	\$ [] , [] , [] . [C] [C]
Intech Australian Equities	\$ [] , [] , [] . [C] [C]
Intech International Equities	\$ [] , [] , [] . [C] [C]
Intech High Growth Selection	\$ [] , [] , [] . [C] [C]
Total	\$ [] , [] , [] . [C] [C]

7. Personal contributions – tax deduction claim

If you're self-employed (or are another eligible person) and intend to claim a tax deduction on any personal contributions to your Staff Superannuation Plan account, please complete the details below and supply your tax file number in section 8 below.

Notice pursuant to sub-section 290-170 Notice of intent to deduct of the Income Tax Assessment Act 1997 as amended for the financial year ended 30 June.

I Print full name

of Residential

address

State Postcode

I intend to claim the amount shown below as a tax deduction for the year ended 30 June. I confirm this amount hasn't been included in any earlier notice to you. I note this notice can't be withdrawn or revoked.

Personal contributions made to the Suncorp Staff Superannuation Plan (Staff Plan) during the year ended 30 June

\$

Amount I will claim as a tax deduction in respect of contributions paid to the Suncorp Staff Superannuation Plan during the year ended 30 June

\$

8. Tax file number (TFN) notification

If you provide us with your TFN on this form, we'll refund any No TFN Tax deducted from your account before processing your request. **If you don't provide us with a valid TFN, once your withdrawal request is processed and your account is closed, you'll no longer have any rights to claim a refund of any No TFN Tax from the Trustee and can only do so through your income tax return.**

As a result of changes to the law, the purposes for which we can use your TFN and the consequences of not providing it to us may change in the future.

TFN

9. Proof of identity (cash payments only)

If proof of identity hasn't been previously completed, you'll need to prove your identity by selecting an item from PART A below, or if you can't provide any of these items, select two items from PART B.

We require proof of identity BEFORE we can proceed with your instructions.

Documents written in a language other than English must be accompanied by an English translation prepared by a NAATI accredited translator (see www.naati.com.au). * We're not responsible for the content of external websites.

PART A – ACCEPTABLE PHOTOGRAPHIC IDENTIFICATION DOCUMENTS – ONE ITEM REQUIRED

Select ONE item from this section, which MUST contain your NAME, PHOTO and either DATE OF BIRTH or RESIDENTIAL ADDRESS

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A current driver's licence |
| <input type="checkbox"/> | A current Australian passport (or one which has expired within the last two years) |
| <input type="checkbox"/> | A current Proof of Age Card issued under an Australian State/Territory (including 18+ and Birth Cards) |
| <input type="checkbox"/> | A current foreign passport or similar travel document also containing your signature issued by a government, the UN or agency of the UN |
| <input type="checkbox"/> | A National Identity Card issued by a foreign government also containing your signature |

PART B – OTHER ALTERNATIVE IDENTIFICATION DOCUMENTS - TWO ITEMS REQUIRED (this section is only required if a PART A item couldn't be provided)

Select ONE item from this section

- | | |
|--------------------------|---|
| <input type="checkbox"/> | An Australian birth certificate/extract |
| <input type="checkbox"/> | A citizenship certificate |
| <input type="checkbox"/> | A foreign birth certificate issued by a government, the UN, or agency of the UN |
| <input type="checkbox"/> | A current Centrelink Card |

and

Select ONE item from this section which MUST contain your NAME and RESIDENTIAL ADDRESS

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A notice issued by the Commonwealth, State or Territory within the last twelve months recording the provision of financial benefits to you |
| <input type="checkbox"/> | A notice issued by the Australian Taxation Office within the last twelve months recording a debt payable by you to the Commonwealth (or by the Commonwealth to you) |
| <input type="checkbox"/> | A notice issued by a local government body or utilities provider (eg gas, electricity, phone) within the last three months recording the provision of services to your address or to you |
| <input type="checkbox"/> | If you're under age 18, a letter written less than three months ago, from your school principal recording how long you've attended that school |

PART C – FOR USE WHERE RESIDENTIAL ADDRESS IS NOT IN AUSTRALIA OR NEW ZEALAND - ONE ADDITIONAL ITEM REQUIRED

In addition to PART A requirements above please select:

- ONE additional item from PART A

or

- ONE additional item from any section in PART B.

Certification procedure (where you're not being assisted by an adviser)

If an adviser isn't assisting you with this transaction, to prove your identity, you'll need to:

- take the originals of your selected identification documents to a certifier (see 'Acceptable Certifiers' on the next page) who will certify that the original documents have been sighted
- ensure the certifier copies the originals and signs the copy confirming that it's a true copy of the original document and includes on the copy the date, their name and designation from the list in 'Acceptable Certifiers' on the next page and
- mail this form and your certified copy(s) of identification to us. (We can't accept faxes or copies of the certified documents.)

ACCEPTABLE CERTIFIERS

Who to see	Conditions and definitions
Accredited Translator	1. A person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of professional translator or above, to translate from a language other than English into English; or 2. A person who currently holds an accreditation that is consistent with the standard specified in 1.
Australia Post	An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public; or a 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.
Banking and other financial institutions	An officer with two or more continuous years of service with one or more financial institutions or a finance company officer with two or more continuous years of service with one or more financial companies. This includes Suncorp and its subsidiaries.
Financial adviser	An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licencees. Please note however that if you're consulting face to face with your current financial adviser, the certification process is not required – see the following section.
Justice of the Peace or Notary Public	An individual appointed by the courts whose duties include certifying documents.
Legal professional or law enforcement	A person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner. Other professionals include a judge of a court; a magistrate; a chief executive officer of a Commonwealth court; a registrar or deputy registrar of a court, or a police officer.
Accountants	A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.
Consular or Diplomatic Officer	An Australian Consular Officer or an Australian Diplomatic Officer.

Verification procedure (where being assisted by an adviser, the adviser must complete this section)

Verify your client's full name and EITHER their date of birth or residential address from the ORIGINAL copies of identification documents provided on the previous page and:

- ensure your client has completed PART A, or PART B if your client doesn't own a document from Part A, and Part C if residing overseas.
- complete this section to indicate the details of the verification procedure conducted.
- ensure original documentation is sighted when meeting your client face to face (certified copies are only acceptable if you don't meet face to face and they must meet the requirements detailed in the section above).
- verify that the documents haven't expired (except for an Australian passport which has expired in the last two years).

Advisers, please DO NOT attach copies of the identification documents when forwarding this form.

ID document details	Document 1	Document 2 (if using PART B or PART C)
Verified from	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Certified copy**	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Certified copy**
Document type/issuer	<input type="text"/>	<input type="text"/>
Issue date	d d / m m / y y y y	d d / m m / y y y y
Expiry date (if applicable)	d d / m m / y y y y	d d / m m / y y y y
Document number (if any)	<input type="text"/>	<input type="text"/>
Accredited English translation	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Sighted*	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Sighted*
Verified date	d d / m m / y y y y	d d / m m / y y y y
Adviser's name	<input type="text"/>	Daytime phone number <input type="text"/>
Adviser's organisation	<input type="text"/>	Adviser No <input type="text"/>

* If you're able to translate your client's non-English proof of identification documents you can do so, otherwise a NAATI accredited translator must provide the translation BEFORE verification can occur.

** Certified copies of documentation are only permitted where an adviser hasn't assisted the client face to face.

10. Declaration and signature

I (print full name)

authorise my superannuation to be paid as instructed on this form.

Applicant's signature

Date | d | d | / | m | m | / | y | y | y | y |

You should seek advice from a tax adviser before lodging this form.

Please send the completed form and any required attachments to:

Suncorp Staff Plan
GPO Box 1453 (LS004)
Brisbane QLD 4001