

Withdrawal Form

For Suncorp Easy Super Personal Superannuation,
Suncorp Easy Super Employer Sponsored and Suncorp Superplan



Please return to Wealth Administration Centre (LS004) GPO Box 1453 Brisbane Qld 4001

1. Member Number – all claimants must complete

Member Number: _____
Previous Employer: (Employer Sponsored Plans only) _____

2. Personal Details – all claimants must complete

Title: _____ Surname: _____ Given Names: _____
Residential Address (must provide): _____ Suburb: _____
State: _____ Postcode: _____ Daytime Phone No.: () _____
Postal Address (optional): _____ Suburb: _____
State: _____ Postcode: _____
Date of Birth: _____ Date Ceased Employment: _____
Occupation _____
Are you a temporary or former resident? (please tick one) Yes No

3. Tax File Number (TFN) Notification

Note: 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, but if no TFN is quoted, tax will be deducted at the highest marginal rate of taxation plus the Medicare Levy. For more information on TFNs, please phone your nearest Australian Tax Office branch.

Tax File Number _____

4. Withdrawal – all claimants must complete either Part A or Part B

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 \$ _____ Before tax/fees After tax/fees

Please indicate which investment option/s you would like this partial withdrawal to come from.

Investment option/s:	Percentage (%)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Tax Questionnaire – all claimants must complete

1. Specify the amount of contributions you intend to claim as a tax deduction for the current financial year.
Nil All Some \$ _____ (specify amount)

Contributions claimed will be subject to Contributions Tax

6. Insurance Benefits

I wish to maintain any insurance currently in place (if I am eligible to do so) (please tick)
If you ticked the above question, we will arrange an adviser to contact you to discuss this matter with you.

7. Condition of Release – only complete if you want to receive your withdrawal in cash

Part A (please tick one of the following)

- You have reached your **Preservation Age** and have **permanently retired** from the workforce.
Please ensure you complete Section 11 – Member Declaration.
If you are a temporary resident please indicate the date you satisfied this condition: _____
- You are **over the age of 60** and declare that you have left your employer after your 60th birthday.
Please indicate the date you satisfied this condition: _____
- You are **over the age of 65** and wish to claim my benefit.
If you are a temporary resident please indicate the date you satisfied this condition: _____
- Unrestricted Benefits**
You are withdrawing an 'Unrestricted Non-Preserved' amount.
If you are a temporary resident please indicate the date you satisfied this condition: _____
- Restricted Benefits**
You are withdrawing a 'Restricted Non-Preserved' amount.
If you are a temporary resident please indicate the date you satisfied this condition: _____
- Permanently Incapacitated**
You will need to return completed medical certificates by **two** independent doctors or specialists stating that you are permanently unable to return to the workforce. Please contact our Call Centre Consultants on 13 11 55 for further information and to obtain these forms.
- Terminal Illness**
You are suffering from a terminal illness.
Please indicate the date you satisfied this condition: _____ (Please contact us for further information).
- Financial Hardship**
You are required to complete an "Application for Early Release Due to Financial Hardship" form available from our Call Centre Consultants on 13 11 55.
Please indicate the date you satisfied this condition: _____
- Compassionate Grounds**
You are required to complete an "Application for Early Release on Specified Grounds" form available from the Australian Prudential Regulatory Authority ("APRA") on 1300 131 060.
- Temporary Resident**
You are a temporary resident on a visa which has since expired or been cancelled and you have permanently departed Australia to reside overseas.
Please indicate the date you satisfied this condition: _____ (Please contact us for further information).
- Your total benefit is less than \$200 and you have terminated gainful employment with the employer-sponsor of this fund.
Please indicate the date you left this employer: _____

Part B

- (i) Cheque made payable to me as per my address
- (ii) Deposit into a Bank / Building Society / Credit Union (You must be one of the account holders)
- Name of Institution: _____ Account Holder: _____
- Branch Number: _____ Account Number: _____

8. Rollovers – only complete if you wish to rollover your withdrawal to another superannuation fund

If you are transferring to a self managed super fund, please provide the ABN below or attach a letter of compliance of the fund to this form.

Name of Institution: _____

Address: _____

Superannuation Fund Number / ABN: _____

Superannuation Product Identification Number ("SPIN"): _____

Member / Policy Number in New Fund: _____

(Note: Please wait until you have received your Member number before lodging this request. Contact your NEW FUND for this information).

Cheque Payable to: _____

Reason for rollover:

- This rollover is in accordance with my "Choice of Fund" request.
- I have reached my **Preservation Age** and, because I am currently still employed, I am rolling my Superannuation benefit to a non-commutable pension / annuity or a non-commutable allocated pension / annuity as detailed in Section 8.

9. Proof of Identity

If proof of identity has not been previously completed, you will need to prove your identity by selecting an item from PART A below, or if you cannot provide any of the listed documents, 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 are not responsible for the content of external websites.

PART A – ACCEPTABLE PHOTOGRAPHIC IDENTIFICATION DOCUMENTS – TICK ONE ITEM

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

- A current driver's licence

- A current Australian passport (or one which has expired within the last two years)

- A current Proof of Age Card issued under an Australian State/Territory (including 18+ and Birth Cards)

- A current foreign passport or similar travel document also containing your signature issued by a government, the UN or agency of the UN

- A National Identity Card issued by a foreign government also containing your signature

PART B – OTHER ALTERNATIVE IDENTIFICATION DOCUMENTS – TICK TWO ITEMS (this section is only required if a Part A item could not be provided)

Tick ONE item from this section

- An Australian birth certificate/extract

- A citizenship certificate

- A foreign birth certificate issued by a government, the UN, or agency of the UN

- A current Centrelink Card AND

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

- A notice issued by the Commonwealth, State or Territory within the last twelve months recording the provision of financial benefits to you

- 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)

- 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

- If you are under age 18, a letter written less than three months ago, from your school principal recording how long you have attended that school

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

In addition to PART A requirements above please select:

- ONE additional item from Part A OR

- ONE item from any section in Part B.

CERTIFICATION PROCEDURE (where you are not being assisted by a financial adviser)

If a financial adviser is not assisting you with this transaction, to prove your identity, you will need to:

- take the originals of your selected identification documents to a certifier (see list below) who will certify that the original documents have been sighted
- ensure the certifier copies the originals and signs the copy confirming that it is a true copy of the original document and includes on the copy the date, their name and designation from the list below and
- mail this form and your certified copy(s) of identification to us. (We cannot accept facsimiles or copies of the certified documents.)

Acceptable Certifiers

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 are 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 Professionals 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 a financial adviser, they 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 above and:

- ensure your client has completed Part A, or Part B if your client does not 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 do not meet face to face and they must meet the requirements detailed in the section above).
- verify that the documents have not 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 C)	
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy**	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy**
Document Type/Issuer				
Issue Date				
Expiry Date (if applicable)				
Document Number (if any)				
Accredited English Translation	<input type="checkbox"/> N/A	<input type="checkbox"/> Sighted*	<input type="checkbox"/> N/A	<input type="checkbox"/> Sighted*
Verified Date	/ /		/ /	
Adviser's Name			Phone No.	
Adviser's Organisation			Adviser No	

* If you are 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 your adviser has not assisted you face to face.

10. Signature of Member – all claimants must complete

I acknowledge, declare and agree:

- that any life insurance cover and associated benefits will cease upon termination of this policy unless I have indicated in item 6 that I wish to maintain such insurance.
- that the information I have provided in this benefit request is true and correct.
- to SunCorp Life and Superannuation Limited and the Trustee of SunCorp Easy Super collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the SunCorp Privacy Policy, a copy of which may be obtained by calling 13 11 55, contacting us at suncorp.com.au or by visiting any of our branches.

Please note: Withdrawal fees may apply to this withdrawal. See your Product Disclosure Statement for further information.

Signature:

Date: | | | | | | | | | | | | | | | | | | | | | |

11. Member Declaration – complete if you have reached your Preservation Age and have permanently retired.

I do solemnly and sincerely declare that I have reached my Preservation Age (see table below) and have permanently retired from the workforce (i.e. I intend never to again become gainfully employed for 10 or more hours per week).

Date of Birth: | | | | | | | | | | | | | | | | | | | | | |

Retirement Date: | | | | | | | | | | | | | | | | | | | | | |

Signature:

Date: | | | | | | | | | | | | | | | | | | | | | |

Preservation Age Table

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