

Suncorp WealthSmart®

Super withdrawal form



Suncorp Portfolio Services Limited (Trustee)
 ABN 61 063 427 958 AFSL 237905 RSE L0002059
 USI RSA0003AU (Business) RSA0004AU (Personal)

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Please use this form to make a cash withdrawal from your account or transfer to another super fund.

Tips to help you complete this form

- Use blue or black pen and BLOCK letters
- Use a cross (X) to mark answer boxes
- Complete all sections of the form, provide proof of identity (where required) and sign and date on the last page.

Any questions? If you'd like help completing this form, or if you have any questions, just call us on 13 11 55.

1. Personal details

Suncorp WealthSmart 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.

- I'm transferring to another fund.
- I'm permanently disabled. (You'll need to return this form and completed medical certificates by **two** independent doctors or specialists confirming that you are permanently unable to work. Please contact us for further information and to obtain these forms.)
- 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 reached my preservation age, have retired and never intend to work more than 10 hours in a 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 the Department of Human Services).*
- I'm withdrawing on the grounds of severe financial hardship. (Please do not complete this form. Please complete a severe financial hardship request form available at suncorp.com.au)*

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

3. Withdrawal request

Please select one of the following:

i) Partial withdrawal

I'd like to make a partial withdrawal and keep my account open. I understand I need a minimum balance of \$2,000 (Personal Super members) or \$1,200 (Business Super members) to keep my account open. I understand that if I have an investment in Suncorp WealthSmart Term Deposits, my term deposit(s) may be broken and an interest adjustment applied to fund this withdrawal and/or keep my account within the maximum 70% balance threshold for term deposit investments.

Continue to section 4 if you're transferring the withdrawal amount to another superannuation fund.

Continue to section 5 if you'd like to make a cash withdrawal.

ii) Full withdrawal

I'd like to withdraw all my funds and close my account. I understand any insurance cover I have will be cancelled and any investments I hold in Suncorp WealthSmart Term Deposits will be broken and an interest adjustment applied.

If you're a member of a Suncorp WealthSmart Business Super employer plan, please choose one of the following:

Termination of employment – I've ceased employment with the employer-sponsor of this plan and, if applicable, have instructed them to pay any outstanding contributions to my new fund.

Date left employer / / Please note we can't accept further contributions once we've processed your withdrawal.

Choice of fund – I've lodged a Choice of Fund form with my employer and have instructed them to pay all future contributions owing to me to my new fund.

Continue to section 4 if you're transferring the withdrawal amount to another superannuation fund.

Continue to section 5 if you'd like to make a cash withdrawal.

4. Transfer payment details (please complete if you're transferring the withdrawal amount to another superannuation fund)

Please provide all of the information below. We can't process your request unless it's all provided.

Full name of new fund

Unique superannuation identifier (USI) of new fund

ABN of new fund

New fund address

State Postcode

Member/Account number

Transfer this amount: (partial transfers only) \$, , .

If you're transferring to a self managed super fund, please provide evidence of your membership in the fund (in the form of either the Trustee meeting minutes or your contribution statement)

5. Cash payment details (please complete if you'd like to make a cash withdrawal)

Bank account details*

Account name

Name of Australian financial institution

Branch name or address

Branch BSB - Account number

* We can only pay to a bank account in your name or a joint bank account of which you're one of the account holders.

Please complete section 8 – Tax file number (TFN) notification if you've not already provided us with your TFN or you may pay more tax than you'd otherwise need to. You must provide proof of identity before we can pay a cash amount. Please refer to section 9 for details. Partial withdrawals only

The amount you can be paid in cash can't exceed the 'unrestricted non-preserved' amount (ie member accessible amount). The preserved and restricted non-preserved amounts can't be taken in cash. If you choose to be paid your superannuation lump sum in cash, you can't change your decision later to transfer this cash payment.

Cash amount: \$, , .

Before tax After tax (Note - If you don't specify we'll assume the amount specified above is before tax.)

Please continue to section 6 over the page to tell us which investment options you'd like the withdrawal paid from.

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 _____

Term deposits

Suncorp WealthSmart Term Deposit† Term _____ Maturity date _____

Only full withdrawals of a Suncorp WealthSmart Term Deposit are permitted. Term _____ Maturity date _____

Term _____ Maturity date _____

Term _____ Maturity date _____

† If you don't provide the term and maturity date of the term deposit(s) you'd like to break, we'll break the Suncorp WealthSmart Term Deposit closest to maturity. If you have more than four term deposits that you would like your withdrawal to be paid from, please photocopy this page.

Diversified investment options

Amount

Suncorp Lifestage Fund \$ [] , [] , [] , [] . [C] [C]

Secure

Suncorp Secure Portfolio \$ [] , [] , [] , [] . [C] [C]

Conservative

Suncorp Conservative Portfolio \$ [] , [] , [] , [] . [C] [C]

Suncorp Universal Capital Stable Fund \$ [] , [] , [] , [] . [C] [C]

Balanced

Suncorp Balanced Portfolio \$ [] , [] , [] , [] . [C] [C]

Suncorp Universal Balanced Fund \$ [] , [] , [] , [] . [C] [C]

Growth

Suncorp Growth Portfolio \$ [] , [] , [] , [] . [C] [C]

Suncorp Universal Growth Fund \$ [] , [] , [] , [] . [C] [C]

High growth

Suncorp High Growth Portfolio \$ [] , [] , [] , [] . [C] [C]

Single sector investment options

Cash

Suncorp Cash Fund \$ [] , [] , [] , [] . [C] [C]

Suncorp Guaranteed Cash Fund \$ [] , [] , [] , [] . [C] [C]

Australian fixed interest

Nikko AM Australian Bond Fund \$ [] , [] , [] , [] . [C] []

Vanguard® Australian Fixed Interest Index Fund \$ [] , [] , [] , [] . [C] [C]

International fixed interest

Vanguard® International Fixed Interest Index Fund (Hedged) \$ [] , [] , [] , [] . [C] [C]

Diversified fixed interest

Macquarie Diversified Fixed Interest Fund \$ [] , [] , [] , [] . [C] [C]

Diversified income

Colonial First State Global Credit Income Fund \$ [] , [] , [] , [] . [C] [C]

Australian property

Ironbark Paladin Property Securities Fund \$ [] , [] , [] , [] . [C] [C]

Vanguard® Australian Property Securities Index Fund \$ [] , [] , [] , [] . [C] [C]

International property

Vanguard® International Property Securities Index Fund (Hedged) \$ [] , [] , [] , [] . [C] [C]

Australian shares

Ausbil Australian Active Equity Fund \$ [] , [] , [] , [] . [C] [C]

BT Wholesale Imputation Fund \$ [] , [] , [] , [] . [C] [C]

Fidelity Australian Equities Fund \$ [] , [] , [] , [] . [C] [C]

Hyperion Australian Growth Companies Fund \$ [] , [] , [] , [] . [C] [C]

Ibbotson Australian Shares Active Trust \$ [] , [] , [] , [] . [C] [C]

Investors Mutual Industrial Share Fund \$ [] , [] , [] , [] . [C] [C]

Ironbark Karara Australian Share Fund \$ [] , [] , [] , [] . [C] [C]

Nikko AM-Tyndall Australian Share Wholesale Portfolio \$ [] , [] , [] , [] . [C] [C]

Perennial Growth Shares Wholesale Trust \$ [] , [] , [] , [] . [C] [C]

Perpetual Wholesale Industrial Fund \$ [] , [] , [] , [] . [C] [C]

Perpetual Wholesale SHARE-PLUS Long-Short Fund \$ [] , [] , [] , [] . [C] [C]

Suncorp Australian Shares Fund \$ [] , [] , [] , [] . [C] [C]

Vanguard® Australian Shares Index Fund \$ [] , [] , [] , [] . [] [C]

Australian shares – specialist

Ausbil Australian Emerging Leaders Fund \$ [] , [] , [] , [] . [C] [C]

Perpetual Wholesale Ethical SRI Fund \$ [] , [] , [] , [] . [C] [C]

Perpetual Wholesale Geared Australian Fund \$ [] , [] , [] , [] . [C] [C]

Nikko AM-Tyndall Australian Share Income Fund \$ [] , [] , [] , [] . [C] [C]

Zurich Investments Equity Income Fund \$ [] , [] , [] , [] . [C] [C]

International shares

Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund \$ [] , [] , [] , [] . [C] [C]

Platinum International Fund \$ [] , [] , [] , [] . [C] [C]

Suncorp Global Shares Fund \$ [] , [] , [] , [] . [C] [C]

Vanguard® International Shares Index Fund \$ [] , [] , [] , [] . [C] [C]

Walter Scott Global Equity Fund \$ [] , [] , [] , [] . [C] [C]

International shares – specialist

BlackRock Global Allocation Fund.....\$ [] , [] , [] . [C | C]
 Colonial First State Global Resources Fund\$ [] , [] , [] . [C | C]
 Lazard Global Small Cap Fund\$ [] , [] , [] . [C | C]

Infrastructure

Lazard Global Infrastructure Securities Fund.....\$ [] , [] , [] . [C | C]

Closed investment options*

Diversified investment options

Secure

Suncorp Traditional Capital Guaranteed Fund.....\$ [] , [] , [] . [C | C]

Conservative

Suncorp Traditional Capital Stable Fund.....\$ [] , [] , [] . [C | C]

Balanced

Suncorp Traditional Managed Fund\$ [] , [] , [] . [C | C]

Growth

Suncorp Traditional Growth Fund\$ [] , [] , [] . [C | C]

High growth

Suncorp Traditional High Growth Fund.....\$ [] , [] , [] . [C | C]

Total \$ [] , [] , [] . [C | C]

* Only available to members currently invested in these investment options.

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 Suncorp WealthSmart account, please complete the details below and read the Important information section.

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 [] [] [] [] []

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 Suncorp WealthSmart during the year ended 30 June [y | y | y | y]

\$ [] , [] , [] . [C | C]

Amount I will claim as a tax deduction in respect of contributions paid to Suncorp WealthSmart during the year ended 30 June [y | y | y | y]

\$ [] , [] , [] . [C | C]

8. Tax file number (TFN) notification

It is not an offence not to quote your TFN. However, any concessional contributions will incur 'No TFN contributions tax' at a rate of 31.5% (in addition to contributions tax) if you don't. 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 at the time of lodging your withdrawal request, you will have up to 3 years from the end of the year the contributions were made in which to lodge your TFN and claim a refund of any No TFN Tax amounts previously deducted.**

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 []

Important information

We cannot accept a notice to claim a tax deduction on any part or full amount of a personal contribution that you've used to start a pension.

A tax deduction can only be claimed if:

- you are self-employed, substantially self-employed (see definition below), retired or unemployed
- you advise the Trustee of the amount you want to claim as a tax deduction
- the Trustee acknowledges your advice. This will be issued promptly after receipt from you.

You are substantially self-employed if less than 10% of your total assessable income, reportable fringe benefits plus reportable employer super contributions for the year are attributable to eligible employment. 'Eligible employment' means employment where your employer would normally be obliged to make super contributions for your benefit. The full amount of superannuation contributions made are tax deductible if you are self-employed, substantially self-employed, retired or unemployed.

Contributions tax

Contributions tax at the rate of 15%[†] will be deducted from the amount that you claim, less any Death, TPD and Income Protection insurance fees (if applicable) paid into the fund in the relevant financial year. Additional tax may apply in relation to amounts exceeding the concessional contributions cap.

The amount of personal contributions claimed as a tax deduction will be subject to the concessional contributions cap as follows:

Financial year	Concessional contributions
2012/2013	\$25,000 regardless of your age.
2013/2014	\$25,000 if you are under age 60 \$35,000 if you are age 60 or older*

[†] 30% contributions tax will apply for people earning over \$300,000.

* Qualifying age is age 59 or older on 30 June 2013.

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 of 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 (other than New Zealand).
- 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. Tell us your thoughts (full withdrawals only)

We'd like to understand why you're withdrawing your Suncorp WealthSmart Super. This will help us see how we can improve our products or service if your withdrawal is related to something we could have done better.

Please place a cross (X) next to any of the following reasons that apply to you.

- I changed jobs and have a new employer
- I was dissatisfied with the service I received with my super
- I was dissatisfied with the performance of my investment
- My adviser recommended I switch provider
- The product features no longer meet my needs
- I don't think the fees are competitive
- I was attracted by a better deal from another provider
- Other – please specify below

Did you know that you can have your super with a provider of your choice regardless of your employer's default super fund?

- Yes
- No
- Not applicable to me

Is there anything we could have done to change your mind about withdrawing your Suncorp WealthSmart Super?..... Yes No

If yes, tell us what we could have done differently to keep your super with Suncorp.

Can we contact you in future about super product and service offers that might be relevant to you?

- Yes
- No

Thanks for taking the time to give us your feedback.

11. 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 WealthSmart®**
GPO Box 2585
Brisbane QLD 4001