

# Withdraw from your retirement income account

1800 005 166

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GPO Box 1547, Hobart TAS 7001

Use this form to withdraw or transfer funds from your Retirement Income account.

## Important information

- You may receive a final income payment if you haven't received your pro-rata minimum payment for the financial year and you've requested a full withdrawal or transfer.
- Part withdrawals and transfers from Transition to Retirement (TTR) and Flexible Income accounts will be paid in line with your chosen future transaction investment strategy.
- If you're invested in our Direct Investment option (DIO), you can't withdraw or transfer funds invested in the DIO until they have been sold and transferred out of this option. You also need to keep minimum balances in all accounts to maintain them. To avoid delays, please call us on **1800 005 166** before you submit this form.
- If you make a part withdrawal from a Managed Income account, your payments will remain the same until 30 June. We'll recalculate your annual income on 1 July and your payment rate may be reduced.
- Withdrawals will be paid to the same bank account that your income payments are paid. Contact us if you need to change your bank account.
- You should seek personal advice to confirm if this payment will have tax or social security implications.
- Once your completed form has been received, it usually takes around five business days to pay withdrawals or three business days to transfer to another super fund.

## Section 1

### Your details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Preferred phone

Email

## Section 2

Reason for requesting a payment

Place an X in the box below that applies to you. Select one only.

Make a withdrawal – go to section 3.

Transfer to a CareSuper account – go to section 4.

Transfer to another super fund – go to section 5.



**Section 3**

**Make a withdrawal**

**Are you withdrawing from a TTR Income account?**

We're unable to process withdrawals from TTR Income accounts if this section is left blank.

We may need to convert your TTR Income account to a Flexible Income account in order to process your request. The transfer balance cap limits the amount you can transfer into retirement phase accounts and penalties may apply. Contact us for more information.

We may contact your employer to verify your answers.

**Place an X in the box below that applies to you.** Select one only.

I'm aged 60-64 and have permanently retired. I don't intend to work again for 10 or more hours a week.

Date of retirement (DD MM YYYY)

I'm aged 60-64 and have ended an employment arrangement since turning 60.

Date your employment arrangement ended (DD MM YYYY)

I have unrestricted non-preserved money.

**Your withdrawal will be paid to the same bank account that your income payments are paid.**

Contact us if you need to change your bank account.

**How much do you want to withdraw from your CareSuper account?** Select one.

Withdraw my total account balance and close my account<sup>1</sup>.

Withdraw my total account balance but keep \$6,000 in my account to keep it open<sup>2</sup>.

Withdraw an amount of: \$

I want to receive the amount shown above after tax has been paid. Tax may be payable if you're under 60.

<sup>1</sup>This will close your CareSuper account. The final amount paid may vary due to investment earnings, tax and fees.

<sup>2</sup>To keep your account open, you need to leave a balance of at least \$6,000 or your minimum annual income payments less payments already received in this financial year, whichever is greater. We may adjust the withdrawal amount to meet these requirements.

**Section 4**

**Transfer to a CareSuper account**

**My CareSuper account number:**

If you don't have a CareSuper account, we'll set one up for you.

**How much do you want to transfer into your CareSuper account?** Select one.

Transfer my total account balance and close my account<sup>3</sup>.

Transfer an amount of: \$

<sup>3</sup>This will close your CareSuper account. The final amount paid may vary due to investment earnings, tax and fees.

<sup>4</sup>To keep your account open, you need to leave a balance of at least \$6,000 or your minimum annual income payments less payments already received in this financial year, whichever is greater. We may adjust the transfer amount to meet these requirements.



**Section 5**

**Transfer to another super fund**

How much do you want to transfer to another super fund? Select one.

- Transfer my total account balance and close my account<sup>5</sup>.
- Transfer my total account balance but keep \$6,000 in my account to keep it open<sup>6</sup>.
- Transfer an amount of: \$

<sup>5</sup>This will close your CareSuper account. The final amount paid may vary due to investment earnings, tax and fees.

<sup>6</sup>To keep your account open, you need to leave a balance of at least \$6,000 or your minimum annual income payments less payments already received in this financial year, whichever is greater. We may adjust the transfer amount to meet these requirements.

**New super fund details:**

**Fund name**

**Phone**

**Member number**

**USI**

**ABN**

- I'm transferring to a self-managed super fund

**Self-managed super fund name**

**ABN**

**Electronic service address (ESA)**

**Self-managed super fund bank account name**

**BSB number**

**Account number**

**Section 6**

**Member declaration**

**By signing this form I'm making the following statements:**

- I declare I've fully read this form and the information is true and correct.
- I discharge the CareSuper trustee from any further liability in respect of my benefits paid and transferred from CareSuper.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at [caresuper.com.au/privacy-policy](http://caresuper.com.au/privacy-policy) or by calling us on **1800 005 166**.
- I request and consent to the payment of my benefits as described, and authorise CareSuper to determine the tax treatment of my benefit.

**Your signature**

**Date (DD MM YYYY)**



**Return the completed, signed and dated form via:**

- upload using the Contact Us portal in Member Online
- email to [info@caresuper.com.au](mailto:info@caresuper.com.au)
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001