Withdrawing your super

1800 005 166
info@caresuper.com.au
GPO Box 1547, Hobart TAS 7001

Use this form to make a withdrawal or transfer to another super fund.

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.

Important information

- Any insurance attached to your account will be cancelled if you close your account.
- Part withdrawals are paid in line with your chosen future transaction investment strategy. For example, if your chosen investment strategy for contributions and other transactions is split equally between two investment options, the withdrawal will be made in equal proportions from these investment options.
- 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 want to claim a tax deduction or split your contributions with your spouse, do this before submitting this form. These options aren't available for contributions you've withdrawn from CareSuper.
- Regardless of how and when you access your super, you should get advice from a licensed financial adviser first to confirm if a withdrawal will have tax or social security implications. If you're under 60, you may have to pay tax.

Don't complete this form if:

- you have a CareSuper retirement income account
- you're applying to access your super early due to financial hardship
- you've ever been a temporary resident of Australia, and you're not a permanent resident or citizen of Australia

If any of the above apply, you'll need to complete a different form. Call us for more information.

Our forms and fact sheets are available at caresuper.com.au/forms.

Section 1

Your personal 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

Do we have your tax file number (TFN)?

☐ Yes ☐ No but here it is:

You don't have to provide your TFN, but you may pay extra tax, miss out on government incentives and you can't make personal contributions. Read our *How super works* guide available at caresuper.com.au/pds for more information.

CareSuper

An Industry SuperFund

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Section 2

Reason for requesting a payment

☐ I want to transfer to another super fund.

OR

☐ I want to make a withdrawal. Select one only.

☐ I'm aged 65 or older.

☐ 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 your 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.

☐ I've left my employment and have less than $200 in my CareSuper account.

If you choose one of the options below, you need to provide additional supporting documents with this form.

☐ I have 'restricted non-preserved' money.

Date your employment arrangement ended (DD MM YYYY) ☐☐ ☐☐ ☐☐☐☐

Employer name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ I'm applying under compassionate grounds.
You need to apply to the Australian Taxation Office first. For more information, read our *Early access to your super* fact sheet.

☐ I'm unable to ever work again due to illness or injury, or I'm terminally ill.

Date you stopped work due to illness or injury (DD MM YYYY) ☐☐ ☐☐ ☐☐☐☐

You need to provide written opinions from two medical practitioners to support your application. For more information, read our *Early access to your super* fact sheet.

Section 3

Before you withdraw or transfer your super

If you don't answer these questions, we'll assume that you don't want to claim a tax deduction or split any contributions with your spouse. These options might not be available to you after making a withdrawal from your account or transferring your super to another fund.

Do you want to claim a tax deduction for personal contributions made to your account in the current or previous financial year?

☐ No

☐ Yes. You'll need to apply for a tax deduction in **Member Online**, or complete and return a *Notice of intent to claim or vary a deduction for personal super contributions (NAT 71121)* form which is available at **caresuper.com.au/forms** before submitting this form.

Do you want to split any contributions with your spouse?

☐ No

☐ Yes. You'll need to complete a *Superannuation contributions splitting application (NAT 15237)* form available at **caresuper.com.au/forms** before submitting this form.

Section 4

Make a withdrawal

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

☐ Withdraw my total account balance and close my existing account[1].

☐ Withdraw my total account balance but keep $200 in my existing account to keep it open[2].

☐ Withdraw an amount of $ [2]

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

[1]This will close your CareSuper account, and any insurance you have will cease. The final amount paid may vary due to investment earnings, tax and fees. Please check with your employer that any final contributions have gone into your account before completing this form.

[2]You need to leave at least $200 in your account to keep it open. We may adjust the transferred amount to meet this requirement. The transferred amount will be paid in line with your future transaction investment strategy in your existing CareSuper account.

How would you like the payment made? If you don't tell us, we'll send you a cheque.

☐ Cheque **OR** ☐ Pay into my bank account. Provide details below.

Name(s) on account - must be held solely or jointly in your name (e.g. John Smith) and cannot be a business account.

BSB number

Account number

Name of your financial institution

Section 5

Transfer to another super fund

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

☐ Transfer my total account balance and close my existing account[1].

☐ Transfer my total account balance but keep $6,000 in my existing account to keep it open[2].

☐ Transfer an amount of $ [2]

[1]This will close your CareSuper account, and any insurance you have will cease. The final amount paid may vary due to investment earnings, tax and fees. Please check with your employer that any final contributions have gone into your account before completing this form.

[2]You need to leave at least $6,000 in your account to keep it open. We may adjust the transferred amount to meet this requirement. The transferred amount will be paid in line with your future transaction investment strategy in your existing CareSuper account.

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

Provide proof of identity

Complete this section if you're:

- making a withdrawal
- transferring to another super fund and you haven't provided your TFN in section 1

Please verify your identity by choosing option 1 or 2.

☐ **Option 1 – I want to use electronic verification**

☐ I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third-party systems for the purpose of confirming my identity.

Important: Make sure that the details you provide below exactly match your documents. If the details vary, we won't be able to verify your identity electronically.

Provide details of any TWO of the following:

1. Australian driver's licence

Full name as appears on my driver's licence

My Australian driver's licence number

State of issue

Expiry date (DD MM YYYY)

Card issue number

2. Medicare card

Full name as appears on my Medicare card

My Medicare number

Valid to (MM YYYY)

Colour of card

☐ Green ☐ Yellow ☐ Blue

Your reference number on this card is ☐

3. Australian passport

Full name as appears on my passport

My Australian passport number

☐ **Option 2 – I want to use paper-based verification**

☐ I've provided certified proof of identity with this form. Read our *Guide to providing proof of ID* fact sheet for more details.

☐ I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third-party systems for the purpose of confirming my identity.

Section 7

Member declaration

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

- To the best of my knowledge, the information I've provided is true and correct.
- I understand that CareSuper may contact my employer to verify answers I've given.
- I understand that I will lose benefits such as insurance if my account is closed. I've considered this and don't require any further information.
- 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** or by calling us on **1800 005 166**.
- I request and consent to the payment of my benefits as described above, 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**
- **mail to CareSuper, GPO Box 1547, Hobart TAS 7001**