

Claim your super



Use this form to:

- Request a cash payment (if eligible)
- Transfer part or all of your super to another fund
- Apply for early release of your super on compassionate grounds, or
- Apply for a Departing Australia Superannuation Payment (DASP).

To claim your super under other circumstances, you'll need to complete the appropriate form. Call us on **1300 360 149**.

If you want to open a CareSuper Pension account you don't need to complete this form. Instead, go to caresuper.com.au/pensionguide or call **1300 360 149** and we'll help you get started.

Complete all the required sections applicable to your claim.

Complete this form in blue or black pen using BLOCK LETTERS and tick where applicable.

1. ACCESSING YOUR BENEFIT

Select (✓) the situation(s) below that apply/ies to you:

- I'm making a cash withdrawal, and:
- I'm claiming a retirement benefit (go to section 2)
 - My total account balance is under \$200 (complete section 3 then 4)
 - A portion of my super is unrestricted non-preserved (complete section 3 then 4)
- I am transferring my benefit to another fund (complete section 3 then 4)
- I am applying for early release of my superannuation on compassionate grounds (complete section 3 then 4) and attach the following supporting document:
- A copy of the approved letter from the Australian Taxation Office (ATO). You will need to contact the ATO at ato.gov.au or call **13 10 20** for further information about the early release of superannuation benefits on compassionate grounds.
- I am applying for a Departing Australia Superannuation Payment (DASP) and have attached the following supporting documents (complete section 3 then 4):
- **Application for a Departing Australia Superannuation Payment form.** If you entered Australia on an eligible temporary resident visa and you have permanently left Australia, you may claim any super you have accumulated. Download an application form from ato.gov.au and submit it with this form. You must complete and send this application within 6 months of your departure from Australia.
- Note:**
1. If you're applying 6 months or more from the later date of the cancellation/expiration of your visa and you have departed Australia, please apply to the ATO directly. This form is not required in these circumstances.
 2. If your claim is more than \$5,000, we will need certified identification and confirmation of your immigration status. You must apply to the Department of Home Affairs to obtain confirmation of your immigration status.
 3. Your payment must be made to an Australian bank account. If you no longer have an Australian bank account open, your payment will be made to you by cheque.

2. CHECK THAT YOU'RE ELIGIBLE TO CLAIM A RETIREMENT BENEFIT

Before you claim your super

- Have you reached your preservation age* and permanently retired from the workforce? (Permanently retired means that you won't be gainfully employed again for more than 10 hours per week.)
- OR**
- Are you age 60 and ceased an employment arrangement?
- OR**
- Are you age 65 or over?

Temporary residents are not eligible to claim a retirement benefit.

* Your preservation age is 55 if you were born before 1 July 1960. Check your preservation age on page 6.



HOW WE'LL PROCESS YOUR PAYMENT

For money going out of your account, we generally use the unit price calculated for the day on which the transaction is processed. If we don't have enough information from you to proceed with a transaction, a later unit price may be used. Where a transaction involves money going out of your account, the money will remain invested in the investment option(s) applicable to your account until the payment is processed. If you request a partial withdrawal or transfer to another fund, and you hold multiple investment options, this will be paid out in proportion to your investment options (excluding Direct Investment option) unless specific drawdown instructions are provided with the request.

3. YOUR PERSONAL DETAILS

Member account number _____ Date of birth (DD/MM/YYYY) _____ Title _____

Surname _____

Given names _____

Residential address (required) _____

Suburb _____ State/territory _____ Postcode _____

Postal address (if different from above) _____

Suburb _____ State/territory _____ Postcode _____

Mobile _____ Daytime telephone _____

Email _____

Name of last employer who contributed to CareSuper _____ Date you left your employer (DD/MM/YYYY) _____



IMPORTANT:

Citizenship declaration and proof of Identity is a mandatory requirement for cash withdrawals and transfers to a SMSF. See section 7 and 8.

Residency statement

Please confirm the following:

I am an Australian or New Zealand citizen or an Australian permanent resident.

Yes No

4. PAYMENT OPTIONS

OPTION 1: CASH PAYMENT

(You must provide proof of identity with this form and complete section 7)

I would like my benefit paid to me electronically.

Your payment will be deducted as per your investment allocation at the time of withdrawal.

Select (✓) the amount for a cash payment.

- Total account balance (if eligible)
- Unrestricted, non-preserved maximum cash amount available
- The amount of \$ _____ after tax

(A minimum of \$1,000 must remain in your account after the claim has been processed.

Please note, the payment amount you receive may be less than requested on this form to ensure your CareSuper account retains the minimum balance of \$1,000.)

Account details

Bank name/financial institution _____

Account name _____

BSB _____ Account number _____

When you claim your full account balance with CareSuper (if eligible), you'll also lose any insurance cover you have with us and your account will be closed.



CareSuper will only pay a lump sum into an individual or joint bank account which includes your name.

OPTION 2: TRANSFER TO ANOTHER FUND OTHER THAN A SELF-MANAGED SUPER FUND (SMSF)

I'd like to transfer my super to another fund. Select (✓) how much you would like to transfer:

- Full account balance
- Total remaining after cash payment
- Partial transfer of \$ _____

(A minimum of \$1,000 must remain in your account after the claim has been processed. Please note, the payment amount you receive may be less than requested on this form to ensure your CareSuper account retains the minimum balance of \$1,000.)

Provide details of the fund you are transferring to:

Name of fund

Your member number in the receiving fund

Fund contact number

Australian Business Number (ABN) of receiving fund

Unique Superannuation Identifier (USI) of receiving fund

OPTION 3: TRANSFER TO A SMSF

(You must provide proof of identity with this form and complete section 7)

I'd like to transfer my super to a SMSF. Select (✓) how much you would like to transfer:

- Full account balance
- Total remaining after cash payment
- Partial transfer of \$ _____

(A minimum of \$1,000 must remain in your account after the claim has been processed. Please note, the payment amount you receive may be less than requested on this form to ensure your CareSuper account retains the minimum balance of \$1,000.)

IMPORTANT: Attach your SMSF bank statement and complete the SMSF bank details below.

- A copy of the SMSF's bank account statement (dated within 6 months) is attached showing the bank account name and address of the SMSF.

SMSF details

Name of institution

SMSF electronic service address

SMSF ABN

SMSF contact number

SMSF bank account details

SMSF account name

SMSF BSB

SMSF account number

For a transfer to a SMSF, payment will only be made to the bank account registered with the ATO.

5. CONTRIBUTION SPLITTING AND/OR CLAIMING A TAX DEDUCTION

If you want to split your super contributions with your spouse for the current or previous financial years, or if you wish to claim a tax deduction (if eligible) for any personal contributions you made into a CareSuper account during this financial year, it's important you lodge your request or claim your deduction in your super account before or at the same time as we process this payment request.

To split your super contributions with your spouse you'll need to complete and return a **Contribution splitting** form available at caresuper.com.au/contributionsplitting. To claim a tax deduction go to ato.gov.au for more information on how to make a claim.

Call **1300 360 149** for more information on contribution splitting or claiming a tax deduction.

- Tick (✓) here if you intend to lodge a Contribution splitting request or claim a tax deduction for any personal contributions made to your account either prior to or with this form.



Tax may be applied to any payment made to you.

Before deciding how to have your super paid, we recommend speaking to a financial planner.

Visit caresuper.com.au/advice or call **1300 360 149** to be put in touch with a CareSuper financial planner.

Additional requirements apply if you are invested in the Direct Investment option. Before you complete this form, please contact us.

6. TAX FILE NUMBER (TFN)

You are not obliged to provide your TFN to Caresuper. However, if you do not provide it:

- You might pay more tax on your super payout. Sometimes you may be able to claim this tax back, however time limits and other rules may apply
- We may not be able to accept contributions for you
- It may be more difficult for you to monitor your account or to locate it if you lose track of it.

CareSuper is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. We will treat it as confidential and only use it for lawful purposes. This includes disclosing it to another superannuation fund when we're arranging a transfer of funds for you. However, you may request in writing that your TFN not be disclosed to any other trustee.

I understand the above statements and agree to provide my TFN.

I advise that my tax file number is: _____

7. PROOF OF IDENTITY

For security reasons, you must provide proof of identification with this form if making a cash withdrawal or transferring to a SMSF. You can either upload photographic evidence with this form to MemberOnline or post this form to us with certified identification documents. The identification must be current (i.e. valid and not expired). Make sure to sign and date your form before submitting it (digital signatures can't be accepted).

OPTION 1 – PHOTOGRAPHIC IDENTIFICATION

I have included with my claim a photo or scan of:

Current primary photographic identification

Driver licence (both sides required) or Passport* or Proof of age card^

AND

A clear photo of me holding my primary identification.

OPTION 2 – CERTIFIED IDENTIFICATION

I have included with my claim a certified copy of:

Current primary photographic identification

Driver licence (both sides required), or Passport* or Proof of age card^

If you provide one of the above, you don't need to provide any other identification document.

OR

A primary non-photographic identification document

- Birth certificate
- Australian Citizenship certificate
- A current concession card as defined in the Social Security Act 1991

AND

A secondary identification document

- Centrelink payment letter (less than 3 months old)
- Government notice (less than 12 months old) or local council payment notice (less than 3 months old) clearly showing your name and residential address
- Notice of assessment from the Australian Taxation Office issued in the last 12 months.

For other acceptable forms of identification call **1300 360 149**.

* Foreign passports must be current and, if not written in English, they must be accompanied by an English translation by an accredited translator (original document or certified copy of the translation accepted).

^ Proof of age card must be issued by a state or territory government and be in your name with your photo and signature.

Under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 superannuation funds are required to identify, monitor and mitigate the risk that the fund may be used for the laundering of money or the financing of terrorism.

To meet these requirements CareSuper reserves the right to request further information to verify your proof of identity before making any cash payment.

Please note we will validate your TFN and personal details with the ATO and contact you if we cannot confirm your details.

PHOTOGRAPHIC ID

Upload your photographic ID and this form to the 'Contact us' section of your MemberOnline account at caresuper.com.au/login.

CERTIFIED ID

Please read the important information about certified identification on page 5 and 6 and attach required identification documents before signing this form.

8. DECLARATION

I authorise CareSuper to process my benefit request in accordance with my instructions. Where the full balance of my account is to be paid from CareSuper, I authorise the termination of my membership under my current member number and I release the Trustee from any further liability to me, my dependants or my legal personal representative in respect of my membership in CareSuper.

I confirm that I have read the information regarding tax file numbers and declare that the information supplied by me on this form is true and correct.

PRIVACY

I confirm that I have read CareSuper's **Privacy Policy** at caresuper.com.au/privacypolicy. I understand how CareSuper intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified. I consent to the collection and use of my personal information by the Trustee to establish and administer my superannuation account.

- I authorise CareSuper to use or disclose any ID information provided to electronically match identity details against Government records or other identification sources. The identity match process may involve the use of the Australian Government's Document Verification Service and our third-party identity match provider.

By signing this authorisation, I agree to all the declarations above.

I have read and marked the tick boxes above.



Member's signature

_____/_____/_____
Date (DD/MM/YYYY)

Full name

IMPORTANT INFORMATION: CERTIFYING YOUR IDENTIFICATION DOCUMENTS

Super funds are legally required to confirm your identity to process this payment request. If you are providing certified identification please read the following information.

Original certified copies

Certified copies are copies of original documents that are signed and 'certified' as being true and correct copies of the originals by an authorised person. For a full list of people authorised to certify documents, please see caresuper.com.au/certifyingIDauthorities.

Others acting on your behalf

If someone is authorised to act on your behalf, we must identify them (authorised third parties, attorneys or beneficiaries, including trustees and legal personal representatives), where applicable.

If you've changed your name

Your name must be the same as shown on your proof of identity. If you've changed your name, you'll also need to provide an original certified copy of your change of name document – for example, your marriage certificate or change of name documentation.



YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it.

ONCE YOU'RE DONE

Return this completed form and any supporting documents to:

CareSuper
Locked Bag 20019
Melbourne VIC 3001

OR

Upload to the 'Contact us' section of your MemberOnline account.

For more information call **1300 360 149**

CERTIFYING DOCUMENTS OVERSEAS

If you are overseas, the following persons can certify your identification documents. Please request the Certifier to include an address on their certification:



- A person authorised as a notary public in a foreign country
- A person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- Employee of the Commonwealth who is:
 - a) In a country or place outside Australia and
 - b) Authorised under paragraph 3(c) of the Consular Fees Act 1955, and
 - c) Exercising his or her function in that place.

How to obtain a certified copy of a document

You need to present a clear photocopy of your document, together with the original document, to an authorised person to view and certify as a true copy of the original document.

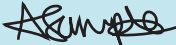
All pages must be certified on the front as a true copy of the original document, by writing or stamping 'certified true copy' on each page. The certification must include the certifier's signature, printed name, qualification (e.g. police officer) address and the date.

The certification must have an original signature. Faxed, scanned or photocopied images of the certified copy cannot be accepted. Your identification must be current (i.e. valid and not expired) and the copy must have been certified in the last 6 months prior to being received by CareSuper.



SAMPLE CERTIFICATION

I certify that this is a true copy of an original document.

Name: Adam B. Sample
Signature: 
Qualification: Police officer, Victoria Police
Dated: 30/05/2021
Contact address: 20 Sample St, Sample town 3000

IMPORTANT

Please note that CareSuper does not accept documentation that has been certified by family members.

PRESERVATION AGE

Your preservation age can be determined using the table below.

Date of birth	Preservation age
After 30/6/1964	60
After 30/6/1963 and before 1/7/1964	59
After 30/6/1962 and before 1/7/1963	58
After 30/6/1961 and before 1/7/1962	57
After 30/6/1960 and before 1/7/1961	56
Before 1/7/1960	55

CLAIM YOUR SUPER CHECKLIST

Have you:

- Checked to ensure all relevant sections of the form are completed
- Stated whether you'd like full or part payment
- If making a cash withdrawal or transfer to a SMSF – attached either photographic or certified proof of identity and checked that your identification name and date of birth matches your identification document (if not – please provide a statutory declaration/linking document)
- Declared your citizenship/residency statement (for cash withdrawals or transfer to a SMSF)
- Signed and dated the form
- Attached your SMSF bank account statement showing bank account name and address of the SMSF and ABN (if transferring my super benefit to a SMSF)
- Provided all relevant supporting documentation (where applicable).

NOTE

If you are invested in our Direct Investment Option, you may need to transfer your investments out of this option *before* you ask for a payment from it.

To avoid delay of your payment or transfer, call us on **1300 360 149** before you submit this form.