

Pension withdrawal form



Complete this form to withdraw from your Pension account. If you want to withdraw between \$1,000–\$10,000, you can do so via your MemberOnline at caresuper.com.au/login.

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

1. 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 _____

2. FOR TRANSITION TO RETIREMENT MEMBERS

Are you under 65 years old and still working? Yes No

You must meet certain conditions to withdraw a lump sum benefit payment. Call us on **1300 360 149** to find out more.

If you answered 'no' above, please tick (✓) **one** of the following:

I've reached my preservation age and have stopped paid work OR I work less than 10 hours per week

I've turned 60 years old and since then ceased an employment arrangement on:

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

I was declared totally and permanently incapacitated or terminally ill on:

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

I'm over 65 years old.



PLEASE NOTE

A withdrawal from your transition to retirement (TTR) pension is only allowed under certain conditions.

Refer to the **Pension Guide PDS** at caresuper.com.au/pensionguide or call us on **1300 360 149** for more information.

3. DETAILS OF PAYMENT

We'll pay lump sum payments into the same bank account as your regular pension payments or into another account in your name if you provide proof of identity. If you'd like us to make your payment to a different bank account, update your bank details in MemberOnline at caresuper.com.au/login and provide identification (ID) documents with this form (see page 4 for more information).

Tick (✓) **one** box only. I'd like to:

- Make a partial withdrawal from my account
- Withdraw the full balance of my account.

Please let us know how you'd like us to pay your withdrawal by writing the amount to be paid from each option. You can choose one or a combination of options. If you request a lump sum payment and your account balance is less than \$1,000, we'll pay out your balance in full and close your account. You'll need to provide photographic or certified identification for:

- Any withdrawals where payment is made into a different bank account
- All withdrawals over \$10,000.

Transfers to another fund (other than a self-managed super fund (SMSF)) do not require identification. Transfers to a SMSF require certified or photographic identification evidence. See page 4 for more information.

How much would you like to withdraw?

Lump sum payment

- Total account balance (after tax)
- The amount of \$ _____, _____, _____ . _____ (after tax)*

Rollover to another fund (Please also complete section 5 of this form.)

- Total account balance (after tax)
- The amount of \$ _____, _____, _____ . _____ (after tax)*

*For a partial withdrawal or rollovers, a minimum of \$1,000 must remain in your account after the payment has been processed. Please be aware that the payment amount you receive may be less than requested on this form to ensure your CareSuper Pension account retains the minimum balance of \$1,000.

*If choosing this option, please complete section 5 of this form.

4. PAYMENT METHOD

We'll deduct your withdrawal from the same investment from which your normal pension payments are made.

For example, if you've chosen to have your pension payments drawn from your investments in your preferred order, we'll start with your first priority investment option and when the balance reaches zero, we'll move on to your second priority investment option.

And if your normal payments are down in line with your investments, we'll draw down in proportion to your investment options.

5. DETAILS OF OTHER FUND

Complete this section to request a rollover of your CareSuper benefit to another complying fund.

If you're transferring your balance to another super or pension fund please complete Section A. If you're transferring to an SMSF please complete Section B.

SECTION A

1

Full name of receiving fund

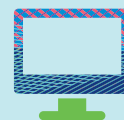
Australian Business Number (ABN) of receiving fund

2 If you're transferring your balance to another super or pension fund (other than an SMSF), please complete the following details:

Your member number in the receiving fund

Unique Superannuation Identifier of receiving fund

CareSuper will only pay a lump sum withdrawal into an individual or joint bank account (which includes your name) at an Australian authorised deposit taking institution. We can't make payments to third party accounts (i.e. companies).



Check your pension account at caresuper.com.au/login to see your current investment options.

Additional requirements apply if you're invested in the Direct Investment option. Please call us on **1300 360 149** for more information.

SECTION B

If you're transferring your balance to an SMSF please complete the following SMSF bank* details:

SMSF account name

SMSF BSB

SMSF ABN

SMSF account number

Name of institution

SMSF electronic service address

For a transfer to a registered SMSF, payment will be sent via the electronic service address registered with the Australian Taxation Office (ATO). SMSF address details will be validated against the bank statement provided.

- I've provided a copy of the SMSF's bank account statement (dated within the last 6 months).
- I've provided either certified identification documents or provide photographic identification evidence with this form – see the 'Providing identification' section on page 4.



*You must provide a copy of the SMSF bank account statement showing the bank account name and address match the SMSF as well as a copy of your ID document. We cannot accept personal bank statements.

COMMUNICATION

I acknowledge that the Trustee may send me communications such as annual reports, member and exit statements, notices of material changes or significant events and other member publications by:

- Sending it to me by email or a link to a website for download where I've provided my email address
 - Sending me an SMS where I've provided a mobile phone number
 - Enabling me to download them from a website.
- I wish to opt out of receiving communications by email or SMS. I prefer to receive written communication via post only.

From time to time, CareSuper may send you marketing and research materials that are permitted by law.

- I wish to opt out of receiving marketing or research material. I understand I can change my communications preferences, or in some instances, opt out, by logging in to MemberOnline or calling **1300 360 149** once I've joined.

AUTHORISATION

I authorise CareSuper to process my withdrawal 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 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've read CareSuper's Privacy Policy at caresuper.com.au/privacypolicy and understand how CareSuper intends to handle my personal information and acknowledge 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 pension account.

- Yes I'm an Australian or New Zealand citizen or an Australian permanent resident.
- 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.

I've read and agree to the above member declaration statements.



Member's signature

____/____/____

Date (DD/MM/YYYY)

Print name in full



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

Upload this completed form and any supporting documents to the 'Contact us' section of your MemberOnline account or at caresuper.com.au/getintouch

OR

Return this completed form any any supporting documents to:

CareSuper
Locked Bag 20019
Melbourne VIC 3001

For more information call **1300 360 149**.

PROVIDING IDENTIFICATION (ID)

For security reasons, you'll need to provide copies of your current ID documents.

I've provided a photo of my:

Driver licence (both sides) or passport* or proof of age card

AND

A clear photo of me holding my selected ID.

Alternatively, you can provide original certified copies of your ID documents – but you'll need to send these via post to **CareSuper Locked Bag 20019, Melbourne VIC 3001**. For more information, please refer to our **Certifying your ID** fact sheet at caresuper.com.au/certifyingid.

*We can accept an Australian passport that's expired within the last 2 years. Foreign passports must be current and, if not written in English, you'll need to provide an English translation by an accredited translator (we'll accept an original document or certified copy of the translation).

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

CHANGE OF NAME – IF APPLICABLE

As well as my current ID document, I've included a copy of one of these documents with this form to update or change my name:

- Marriage certificate
- Decree Absolute
- Deed poll/change of name documentation

If you're divorced, you'll need to provide a copy of your marriage certificate showing the change from previous name, as well as a recent document showing that you're now legally referred to by your previous name.

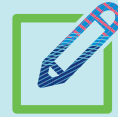
Examples of such documents are:

- Amended driver licence
- Bank statement
- Statutory declaration
- Tax assessment notices in both the old and new names showing the same tax file number (proof that the ATO has recognised the name change).

PROOF OF IDENTITY

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.



YOU MUST PRINT AND THEN SIGN THIS FORM

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ONCE YOU'RE DONE

Upload this completed form and your ID photos to the 'Contact us' section of your MemberOnline account or at caresuper.com.au/getintouch

OR

Post to:

**CareSuper
Locked Bag 20019
Melbourne VIC 3001**

For more information call **1300 360 149**.