

Benefit Payment Request

For Rollover or Cash Withdrawals



FREEDOM
OF CHOICE

In addition to Sections 1, 2 & 5, please ensure that you complete Section 3 or 4.

Section 1: YOUR DETAILS

Member Number: Surname:

Given Name(s): Salutation:

Postal Address:

Suburb: State: Postcode:

Date of Birth:

Phone: Mobile:

If an employer contributed to this account, advise the date you ceased employment with that employer:

Section 2: WITHDRAWAL REQUEST

I would like to withdraw my entire benefit (**complete Section 3 or 4**)

I would like to withdraw a partial amount of my benefit (**complete Section 3 or 4**) Specified amount: \$

Section 3: TRANSFER TO ANOTHER SUPERANNUATION FUND

Rollover Fund Details

Fund Name:

Fund Address:

ABN: Policy/Member Number:

Unique Superannuation Identifier:

If the Rollover Fund is a Self Managed Super Fund ("SMSF") please also provide the following information of your SMSF:

SMSF Tax File Number: SMSF ABN:

BSB Number: Account Number:

Account Name: Bank/Branch:

(transfers to a SMSF will not be processed without a valid ABN and TFN)

Section 4: CASH WITHDRAWAL

I have reached my preservation age and am permanently retired I have ended an employment arrangement on or after age 60

I am aged 65 or over I am permanently disabled

Please provide your banking details if you would like your cash payment deposited directly into your account, otherwise we will post a cheque to you.

Please note that the account must be held in your name or jointly in your name.

If this is the first payment we are making to this bank account please also submit with your form a bank document that displays the name of the account holder, BSB and account number. This document must be on bank letterhead or a statement.

BSB Number: Account Number:

Account Name: Bank/Branch:

FoC, a division of AMG Super

ABN 300 993 205 83
PO Box 3528, Tingalpa DC Qld 4173
Phone: 1800 806 013 | Fax: 07 3899 7299 | Email: enquiries@freedomofchoice.com.au

Issued by the trustee:
Equity Trustees Superannuation Limited

ABN 50 055 641 757
AFS Licence No 229757
RSE Licence No LOO01458

Section 5: DECLARATION

- I declare that I am an Australian citizen, a New Zealand citizen or a permanent resident of Australia or I hold a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) visa. If you do not meet these residency requirements, please contact us on 1800 806 013.
- I declare that all the information I have provided on this form is true and correct.
- I have attached certified proof of my identity, which shows my correct date of birth and name change(s) if required.
- I am withdrawing my super from Freedom of Choice and understand that:
 - any insurance cover that may apply will cease once my Freedom of Choice account is closed
 - I have the right to ask Freedom of Choice for information on how withdrawing my super will affect my entitlements and have done so or have chosen not to exercise this right

Signature:

Date:

Section 6: IDENTITY VERIFICATION

To make a payment from your account we must verify your identity; you can supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification.

If you supply us with a scanned copy of your identification we also need to electronically verify your identity. If you do not want us to identify you electronically please supply us with original certified copies of your identification via post. If you have any questions around this process please contact us on 1800 806 013.

When you opt for electronic verification, the details of the documents you provide to us will be submitted to the Australian government's Document Verification Service (DVS). The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy is available from their website: <http://www.dvs.gov.au>

If you would like to proceed with electronic verification please tick each of the consent boxes below:

- You consent to us electronically verifying your identity; AND
- you are authorised to provide the identification documents to us; AND
- you understand that the details of the identification documents will be checked against the Australian government's document verification service.

Please note that we are unable to make any payment until your identity has been verified either by this method, or by receiving a certified original copy of your identification by post.

We are unable to electronically verify identity documents issued from overseas. If you only have foreign identity documents please send us a certified original copy of your documents, accompanied by a translation document from an accredited translator if necessary, via post. For more information around this please contact us on 1800 806 013.

IMPORTANT INFORMATION

1. ROLLING OVER

If you want to rollover some or all of your account to another superannuation fund, please complete the Rollover Fund Details section of the Benefit Payment Form-Rolling Over or Transferring to Another Fund.

When we receive your completed form, we will process your benefit and send a cheque to your new fund. We will also send you confirmation that the payment has been made.

2. CASHING IN YOUR SUPER

Generally, unless you have reached your preservation age and have retired, you can only cash in your super if your account balance is under \$200.

However, any amounts classed as unrestricted non-preserved can be cashed in regardless of the size of your account. Your Pre Payment Statement will tell you if any money is unrestricted non-preserved.

Cash payments may be subject to tax. If you are eligible to cash in some or all of your super, it is important that you provide your Tax File Number. Without your Tax File Number we may have to deduct tax at the highest marginal rate.

Different rules apply to non-Residents.

3. WHY WE WANT TO KNOW YOUR TAX FILE NUMBER

Any cash benefit will only be taxed at the concessional rates noted above if you provide your Tax File Number to your superannuation fund.

It is not compulsory to quote your Tax File Number but if you choose not to, your benefit, as well as the contributions received by this Fund, may be subject to additional tax.

If you provide your Tax File Number to your Fund, you are also authorising your Fund to provide your Tax File Number to the Australian Taxation Office and to any institution you have instructed us to roll over your account to. Your Fund is required to keep your Tax File Number private and secure and may not disclose your Tax File Number to unauthorised persons.

4. TAXATION

Benefits paid to you from your superannuation fund may be subject to taxation.

The tax treatment will depend upon whether or not you have provided your Tax File Number, and it will also depend on the composition of your payment.

The laws relating to the taxation of benefits are complex. We recommend that you seek professional advice about your options well before you actually receive your benefit.

5. YOUR INSURANCE COVER

Your insurance cover, if any, will cease when you leave the fund.

Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to enquiries@freedomofchoice.com.au

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: www.freedomofchoice.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.freedomofchoice.com.au