

FAMILY LAW INSTRUCTIONS FOR PAYMENT OF ENTITLEMENT FORM

Complete this form in order for the Family Law entitlement to be paid in accordance with the instruction received by the Trustee. This information is required under Regulation 72 of the Family Law (Superannuation) Regulations 2001.

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

This form may be posted to **Simple Choice Super PO Box R1979 Royal Exchange NSW 1225** or scanned and emailed to info@simplechoicesuper.com.au.

Section 1 Personal Details of the Non-Member Spouse

Given Name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Date of Birth	<input type="text"/>				
Mobile Phone Number	<input type="text"/>				
Email Address*	<input type="text"/>				
Tax File Number^	<input type="text"/>				
Residential Address	<input type="text"/>				
	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Simple Choice Super on **02 8556 7576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

^ In line with the Superannuation Industry (Supervision) Act 1993, the Trustee is authorised to ask for your Tax File Number (TFN). Choosing not to provide your TFN is not an offence, however if you do not provide your TFN you may pay more tax on your super benefit than you would otherwise (although you may be able to claim this back when you lodge your tax return).

Section 2 Personal Details of the Member Spouse

Given Name(s)	<input type="text"/>
Surname	<input type="text"/>
Member Number	<input type="text"/>

Section 3 Withdrawal Information

Please instruct us what you wish to do with the benefit.

Option 1 – Receive the payment as cash[^]

Do you wish to receive the maximum amount available in cash? Yes No

If no, how much would you like to receive in cash?*

\$

[^] We are only able to action your lump sum payment request if you meet a prescribed condition of release - see Section 4 below.

* The amount specified above is a gross amount, and tax may be payable. It must be less than the maximum.

Please specify your bank account details:

Account Name*

Name of Financial Institution

BSB

Account Number

* We can only make payments into an Australian bank, credit union or building society account that's in your name or held jointly in your name with other person(s).

Option 2 – Rollover to another superannuation fund

Do you wish to rollover the maximum amount available to another super fund? Yes No

Do you wish to rollover the total amount remaining after the cash payment elected in Option 1? Yes No

If no, do you wish to rollover another amount?

\$

If you wish to transfer part of the benefit to more than one other fund, copy this section of the form and complete it for each fund, inputting the amount to be transferred to each fund.

Please provide the details of the fund to which you are transferring:

Name of Fund

Fund USI

Fund ABN

Fund Address

Member Number

Is this a self-managed super fund? Yes* No

* If yes, please provide a certified copy of the self-managed super fund's bank statement which is less than 12 months old.

Section 4 Condition of Release

Only complete this section if you selected Option 1 in Section 3 above. Superannuation law requires that you must meet a condition of release to be eligible to receive your benefit in cash. Please tick the box below which best describes your situation.

- I have reached my preservation age*, have ceased employment and permanently retired[#] from the workforce.
- I am at least 60 years of age and I have changed jobs since attaining age 60.
- I am at least 65 years of age.

* See the Preservation Age Table in the Simple Choice Super Additional Information Booklet available at www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

'Permanently retired' is defined as never being gainfully employed again for more than 10 hours per week. 'Gainful employment' means employed or self-employed for gain or reward in any business, trade, profession, calling, occupation or employment.

If you do not meet one of the conditions of release listed above, and your benefit is in excess of \$200, your benefit must be rolled over to another super fund where it will be preserved until such a condition is met.

Section 5 Verification of Identity

Please select **one** of the two options below.

Option 1 – I want to attach paper copies of certified ID

You must provide photocopies of **at least two** of the following - Australian Passport, Australia Driver's Licence, Medicare Card. Each page must be correctly certified as a true copy. For more information, see the **Providing Certified Identification Factsheet** available at www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

If the documents you provide are not correctly certified or are unable to be read, you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party id validation provider, including confirming your document is valid with the original document issuer.

Option 2 – I want to use electronic verification

By providing the information below, you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party id validation provider, including confirming your document is valid with the original document issuer.

You must provide **at least two** of the following (if you are unable to provide this information you will need to provide certified ID as per option 1):

Australian Passport Please complete the details exactly as they appear on your Passport

Passport Number	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
Sex	<input type="text"/>		



Medicare Card Please complete the details exactly as they appear on your Medicare Card

Card Number	<input type="text"/>	Reference Number	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Card Expiry Date	<input type="text"/>

Australian Drivers Licence Please complete the details exactly as they appear on your Licence

Licence Number	<input type="text"/>	State of Issue	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>		

Section 6 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided are true and correct.
- I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.
- I understand that I can request appropriate information that I may reasonably require from the Fund for the purpose of understanding my benefit entitlement, including information about fees and charges that may apply.
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of withdrawing my benefit and that I should consult an appropriately qualified adviser for such advice.
- I accept that I am bound by the provisions of the trust deed and rules which govern the operation of Simple Choice Super.

x

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Signature

...../...../.....

Date

.....

Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund’s Administrator, the Fund’s Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au, phone **02 8556 7576** or email us at info@simplechoicesuper.com.au.