

WITHDRAWAL FORM

Complete form to apply to make a withdrawal from your Simple Choice Super account.

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 must be posted to **PO Box R1979 Royal Exchange NSW 1225** or scanned and emailed to info@simplechoicesuper.com.au.

Section 1 Personal Details

Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Member Number	<input type="text"/>		
Date of Birth	<input type="text"/>		
Mobile Phone Number	<input type="text"/>		
Email Address*	<input type="text"/>		
Residential Address	<input type="text"/>		
	<input type="text"/>		
City	<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 elect to receive communications by post at any time 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**.

Section 2 Withdrawal Information

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

Option 1 – Make a lump sum withdrawal from your account[^]

Do you wish to withdraw your entire account balance?# Yes No

If no, how much would you like to withdraw?*

\$

[^] We are only able to action your lump sum withdrawal request if you meet a prescribed condition of release - see Section 3 below.

If you withdraw your entire account balance any insurance cover you hold with Simple Choice Super will cease and your account will be closed.

* The amount specified above is a gross amount, and tax may be payable. You must leave at least \$200 in your account in order to remain a member of Simple Choice Super. Please specify your account details on the next page.

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 your entire account balance to another super fund?#

Yes

No

If no, how much would you like to rollover?*

\$

If you withdraw your entire account balance any insurance cover you hold with Simple Choice Super will cease and your account will be closed.

* You must leave at least \$200 in your account if you wish to remain a member of Simple Choice Super.

Please specify the details of your new superannuation fund below:

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 3 Condition of Release

Only complete this section if you selected Option 1 in Section 2 above. Superannuation law requires that you must meet a condition of release to be eligible to withdraw your super. 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 or ceased gainful employment# 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 are not eligible to make a withdrawal based on your age and retirement status, you may only access your super under one of the following conditions.

Please tick the box below which best describes your situation.

- I have applied for a **Departing Australia Superannuation Payment** which has been approved by the Australian Taxation Office.
- I have applied for an **Early Release of Super on Compassionate Grounds** which has been approved by the Australian Taxation Office.*
- My account balance is less than \$200.

* Please provide a certified copy of the **ATO Letter of Approval**.

If you are seeking to withdraw your super by means of early release of super due to **Severe Financial Hardship**, **Permanent Incapacity**, or a **Terminal Medical Condition**, or you wish to participate in the **First Home Super Savers Scheme** or the **Trans-Tasman Portability Scheme**, please contact us at info@simplechoicesuper.com.au or on **02 8556 7576**. This form will not be sufficient to release the funds to you.

If you do not meet a condition of release and your account balance is in excess of \$200, your funds will be preserved and unable to be released until such a condition is met.

Section 4 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.

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"/>
Gender	<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 5 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided in this withdrawal form are true and correct.
- I have made an informed decision because I have read and understood the Simple Choice Super PDS, Additional Information Booklet and Insurance Guide.
- No representations have been made to me by or on behalf of Simple Choice Super other than those contained in the PDS.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment.
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of paying out my benefit and that I should consult an appropriately qualified adviser for such advice.
- 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 accept that I am bound by the provisions of the trust deed and rules which govern the operation of Simple Choice Super.
- I have read and understood the Privacy Statement and understand how Simple Choice Super will use my personal information.

x

..... /...../.....
 Signature Date

.....
Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation 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. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au or phone **02 8556 7576**.