



23 November 2016

# Benefit payment request

## LifeTrack Personal Superannuation – Unique Superannuation Identifier (USI) AMG0063AU

**Please use this form to:**

- make a lump sum (cash) withdrawal;
- rollover to another superannuation fund; or
- split contributions.

If you are making more than one withdrawal, please use a separate form for each payment type.

**Do not use this form if you are requesting benefits for reasons of:**

- temporary residency;
- financial hardship;
- death;
- permanent disablement;
- salary continuance; or
- transferring into another IOOF superannuation product.

If you wish to request one of the above benefits, please contact our client services team on 1800 062 963.

**Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.**

**Please provide your certified proof of identity. Refer to 'Proof of identity requirements' for a list of acceptable documentation.**

### Step 1: Member details

Account number	<input type="text"/>	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>							
Given name(s)	<input type="text"/>									
Mailing address	<input type="text"/>									
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (bh)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (ah)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax file number (if not already supplied)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Member Statement will show if your Tax File Number has been supplied. Although it is not compulsory to provide your Tax File Number, we are required by law to deduct tax on concessional contributions **and** also withholding tax on some or all of a lump sum (cash) withdrawal benefit at the highest marginal tax rate, plus the Medicare Levy if your Tax File Number has not been supplied.

**Note: If you are rolling over your benefit go to Step 4.**

## Step 2: Residency details

Are you an Australian citizen, permanent resident or a New Zealand citizen?

 Yes

 No

If you ticked 'No' and are or have ever been the holder of a temporary resident visa, please speak to your financial adviser or contact our client services team on 1800 062 963.

## Step 3: Conditions for lump sum (cash) withdrawals

If your benefits are preserved or restricted non-preserved you must meet one of the conditions below to make a withdrawal.

Please tick the box applicable to your particular circumstance.

 I have reached preservation age and have permanently retired.

 I am aged 60 or more and have terminated employment with my employer on  /  /  but have not permanently retired.

 I am aged 65 or more.

 I have terminated employment with an employer who has contributed to this Fund (applies to restricted non-preserved benefits only).

 I have unrestricted non-preserved benefits.

## Step 4: Payment amount

 Full withdrawal

 Partial withdrawal Amount \$  (before tax) OR Amount \$  (after tax)

 leave \$2,000 (plus tax provisioning and 3 months insurance premiums where applicable) in my account

### Partial withdrawals only – investment options to be redeemed

APIR code	Asset code	Name of investment option(s)	\$ amount or %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you do not select the investment options to be redeemed, your investments will be redeemed on the basis of any standing redemption instructions you may have provided or otherwise on a pro-rata basis.

## Step 5: Payment type

Please indicate how you want your benefits paid. For more than one payment type, please use a separate 'Benefit payment request' form for each payment.

**Please note:** Lump sum (cash) withdrawals cannot be paid to third parties.

 **Cash lump sum withdrawal** – direct credit to your account with a bank/financial institution

Name	<input type="text"/>																											
Branch	<input type="text"/>																											
Address	<input type="text"/>																											
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>																							
Account name	<input type="text"/>																											
BSB	<input type="text"/>	-	<input type="text"/>	Account number	<input type="text"/>																							

If direct credit details are not supplied, the payment will be made to you by cheque and sent to the above mailing address.

**Rollover to another superannuation fund**

Fund name																												
Fund address																												
Suburb															State			Postcode										
ABN#			-			-			-																			
USI#																												
Member/account number#																												
Member client identifier# <small>(if different from Member/account number)</small>																												
Cheque made payable to <small>(SMSF only)</small>																												

# You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund.

Do you need more information about the effect of rolling over your benefits, including any fees and charges applicable? If so, please contact our client services team on 1800 062 963 for further assistance.

### Step 6: Preservation details (optional)

If you are making a partial withdrawal and rolling over to another superannuation fund, you can nominate below which preservation components you wish to include in your rollover. If you do not make a nomination, preservation components will be rolled over on a pro-rata basis.

Unrestricted non-preserved \$								
Restricted non-preserved \$								
Preserved \$								

### Step 7: Section 290-170 Tax Deduction Notice (optional)

If you intend to claim a tax deduction for personal contributions made to the Fund during the current or previous financial year, you must provide a Section 290-170 Tax Deduction Notice to the Trustee before any withdrawal is made. Please attach a completed Section 290-170 Tax Deduction Notice to this 'Benefit payment request' form. You can obtain a Section 290-170 Tax Deduction Notice from our website or by contacting our client services team on 1800 062 963.

### Step 8: Contributions splitting application (optional)

If you are making a full withdrawal, please complete this section if you intend to split contributions made to your superannuation account during the current financial year in favour of your spouse's superannuation. For the conditions applying to contributions splitting, please refer to the IOOF website ([www.ioof.com.au](http://www.ioof.com.au)).

Contributions made since 1 July to be split	Amount to be split							
Deductible contributions (Personal* or Employer) \$								

\* You must also complete the Tax Deduction Notice referred to in Step 7 above.

### Spouse details

Title (Dr/Mr/Mrs/Ms/Miss)					Surname																								
Given name(s)																													
Mailing address																													
Suburb															State			Postcode											
Phone (bh)													Phone (ah)																
Phone (mobile)													Fax																
Date of birth <small>(must be under age 65)</small>			/			/																							

### Details of superannuation fund to receive split contributions

Fund name																														
Fund address																														
Suburb																State				Postcode										
ABN#				-				-				-																		
USI#																														
Member/account number#																														
Member client identifier# <small>(if different from Member/account number)</small>																														
Cheque made payable to <small>(SMSF only)</small>																														

# You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund.

### Spouse declaration

I declare that the information provided above is complete and correct and that at the date of this application I am either less than age 55 or I am between age 55 and 65 and have not retired from the workforce.

Signature																Date			/			/			
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### Step 9: Insurance arrangements

- Death or Death and Total and Permanent Disablement cover continues for 60 days after you leave the IOOF Portfolio Service Superannuation Fund.
- Income Protection cover continues for 60 days after you leave the IOOF Portfolio Service Superannuation Fund (if you continue to be employed).
- After you have left the IOOF Portfolio Service Superannuation Fund you may have the option to continue death and income protection cover through a personal policy with the insurer. Please contact our client services team on 1800 062 963 for details.

Please note, these conditions do not apply to retail insurance held through the Fund.

### Step 10: Member declaration

- I declare that I am either the Member or personal representative of the Member whose details appear above.
- I confirm those details are correct and request the Trustee to pay the benefit as requested in accordance with the provisions of the Trust Deed (subject to any preservation requirements that might apply).

Signature																Date			/			/			
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**We are required to carry out proof of identity procedures before cashing a benefit. These requirements arise under the Commonwealth Government's AML/CTF Law.**

**Where you have not already provided us with appropriate identification, we will be required to collect customer identification information and to verify it by reference to a reliable independent source. Refer to 'Proof of identity requirements' for a list of acceptable documentation.**

**If you do not provide the information or we are unable to verify the information, payment of benefits may be delayed or refused.**

Please sign and return this form by post to:

**IOOF LifeTrack, Reply Paid 264, Melbourne, VIC 8060**

**Enquiries:** 1800 062 963

**Trustee:** IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524

## Proof of identity requirements

You will need to provide documentation with this benefit payment request to prove you are the person to whom the superannuation entitlements belong.

EITHER A
<p><b>ONE of the following documents only:</b></p> <ul style="list-style-type: none"> <li>current driver's licence issued under State or Territory law</li> <li>passport</li> </ul>
OR B
<p><b>ONE of the following documents:</b></p> <ul style="list-style-type: none"> <li>birth certificate or birth extract</li> <li>citizenship certificate issued by the Commonwealth</li> <li>pension card issued by Centrelink that entitles the person to financial benefits</li> </ul> <p><b>AND</b></p> <p><b>ONE of the following documents:</b></p> <ul style="list-style-type: none"> <li>letter from Centrelink regarding a government assistance payment</li> <li>notice issued by Commonwealth, State or Territory government or local council within the past 12 months that contains your name and residential address (such as Tax Office Notice of Assessment or rates notice from local council).</li> </ul>

### Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

### Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (such as Justice of the Peace, Australia Post employee) and date.

The following can certify copies of the originals as true and correct copies:

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

#### Other persons:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australia Diplomatic Officer (within the meaning of the *Consular Fee Act 1955*)
- Bailiff
- Bank officer with two or more continuous years of service
- Building society officer with two or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with two or more years of continuous service
- Employee of the Australian Trade Commission who is:
  - in a country or place outside Australia; and
  - authorised under paragraph 3(c) of the *Consular Fees Act 1955*; and
  - exercising his or her function in that place
- Employee of the Commonwealth who is:
  - in a country or place outside Australia; and
  - authorised under paragraph 3(d) of the *Consular Fees Act 1955*; and
  - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with two or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace

- Magistrate
- Marriage celebrant registered under *Subdivision C of Division 1 of Part IV of the Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is either:
  - an officer; or
  - a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with two or more years of continuous service; or
  - a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of either:
  - the Parliament of the Commonwealth; or
  - the Parliament of a State; or
  - a Territory legislature; or
  - a local government authority of a State or Territory
- Minister of religion registered under *Subdivision A of Division 1 of Part IV of the Marriage Act 1961*
- Notary public
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licences
- Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
  - the Commonwealth or a Commonwealth authority; or
  - a State or Territory or a State or Territory authority; or
  - a local government authority; with two or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of either:
  - the Commonwealth or a Commonwealth authority; or
  - a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy