



20 April 2018

Withdrawal Form

- IOOF Employer Super
- IOOF Personal Super
- IOOF Pension

This form serves as your instruction to us on how to deal with your benefit. We recommend that you consult your licensed financial adviser to assist you in your decision making.

Note: Former Temporary Australian Residents – Departing Australia Superannuation Payment members will need to complete a Departing Australia Superannuation Payment (DASP) form or submit a DASP online application on the ATO website www.ato.gov.au. To obtain a copy of this form, visit our website (www.ioof.com.au) or contact our Client Services Team on 1800 333 500.

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

Step 1: Member details

Account type	<input type="checkbox"/> IOOF Employer Super	<input type="checkbox"/> IOOF Personal Super	<input type="checkbox"/> IOOF Pension	Account number	<input type="text"/>
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>		
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Tax file number ¹	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

¹ We are authorised by superannuation and taxation law to collect your TFN which will be used to action your transfer request. It is not an offence if you choose not to provide your TFN but providing it has advantages:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to ; and
- it will be easier to find different super accounts in your name.

If you choose not to provide your TFN, we may not be able to process your request. If you do not supply your TFN, we require that you provide certified proof of identity. Please refer to the 'Completing Proof of Identity' document at www.ioof.com.au for more information.

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 333 500.

Step 3: Withdrawal instructions

Full withdrawal

- Transfer my total benefit to the rollover fund in Step 6 of this form
 Pay my total benefit to me in cash (subject to the below conditions of release)
 Withdraw my non-preserved benefit and transfer my preserved benefit to my nominated rollover fund in Step 6 of this form

Partial withdrawal

- Cash
 Rollover (complete Step 6)
 Amount \$ Net Gross (Unless indicated the amount shown will be net of tax)

For members of the pension division

- Please treat this benefit as an additional pension payment, not a lump sum payment

Please note: All benefits paid in addition to your regular pension payments will be treated as a lump sum withdrawal unless you specify that it be treated as a pension payment.

Step 4: Financial institution details – Lump sum (cash) withdrawal

Name of financial institution

Account name

BSB - Account number

Note:

- If bank account details are not supplied, or unclear, the payment will be paid to you by cheque and sent to the above mailing address.
- Funds cannot be credited to a third party bank account.

Step 5: Conditions of release

You may access your member benefit if you meet one of the criteria detailed below.

- I have reached preservation age* and have permanently retired and intend never to become engaged in gainful employment for more than 10 hours per week
- I am aged 60 and less than 65 and have ceased a gainful employment arrangement since turning age 60
- I am aged 65 or over
- My benefit is unrestricted non-preserved as I have previously met a condition of release covering this benefit
- I wish to withdraw money from my restricted non-preserved benefit (I have attached a letter from my previous employer confirming the date I ceased employment and that the employer contributed to my IOOF account on my behalf whilst I was employed)
- I have ceased employment with my last employer and my total benefit was less than \$200 at the time of termination (IOOF Super only)
- Compassionate grounds as approved by the Department of Human Services (DHS) and I have attached the original DHS approval or certified copy
- I am permanently incapacitated (conditions apply). Please contact our client services team for further information.

* Please refer to the **IOOF General Reference Guide (IOF.02)** for your preservation age.

Step 6: Rollover fund details

* Indicates mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Fund name*																															
ABN*	-		-		-																										
Unique Superannuation Identifier (USI)																															
Account/member number*																															
Member client identifier (if different from Account/member number)																															
Address																															
Suburb																State				Postcode											
Phone																															
Cheque made payable to (SMSF only)																															

Transferring between divisions

- Transfer to the IOOF Personal Super (Personal Application form **MUST** be attached if transferring from the pension division)
- Transfer to IOOF Pension (Tax File Number Declaration and Pension Application forms **MUST** be attached)

Step 7: Claiming a tax deduction for personal Superannuation contributions

Only complete this Step if you are eligible and wish to claim a personal tax deduction in the current and/or previous financial years. If you wish to claim for both financial years you will need to complete and attach a separate form for each financial year.

Contributions made before 1 July 2017

Eligible persons are generally those who have made personal contributions to their superannuation and are self-employed, substantially self-employed or not employed.

Substantially self-employed persons are those whose income from employment as an employee (including reportable employer superannuation contributions and fringe benefits) is **less than 10 per cent** of their total income.

Individuals who are not employed who are under age 65 and retired or have not received income from employment during the financial year.

Contributions from 1 July 2017

Eligible persons are those who can make personal contributions to superannuation and who have sufficient assessable income to claim a deduction for those contributions. From 1 July 2017, the 10% maximum earnings condition has been removed.

Age restrictions

If you are under 18 years old at the end of the income year in which you made the contribution, you can only claim a deduction for your personal super contributions if you earned income as an employee or a business operator.

If you are 65–74 years old at the end of the income year in which you made the contribution, you still need to satisfy a work test in each financial year that you make a contribution to your fund and claim a deduction. To satisfy the work test, you must work at least 40 hours during a consecutive 30-day period each financial year for which you want to claim a deduction for a personal super contribution.

If you are 75 years old or older, you can only claim a deduction for contributions you made on or before the 28th day of the month following the month in which you turned 75.

Please refer to the **IOOF General reference guide (IOF.02)** for more information.

I intend to claim a personal tax deduction under section 290-170 of the Income Tax Assessment Act 1997 Yes No

Note: If you answered 'Yes' to the above, please complete Section A and Section B or C (whichever is applicable).

Step 8: Additional withdrawal payment instructions

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Specific investment withdrawal instructions

Investment fund name	Amount	OR Allocation (%)
<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"/>

Step 9: Proof of identity

Please complete option 1 **OR** option 2 below as proof of identity for superannuation entitlements.

Option 1 – Electronic verification

Please provide details for any **TWO** of the following forms of identification:

Driver Licence

Full name (as it appears on your Driver Licence)

First name	<input type="text"/>		
Middle name	<input type="text"/>		
Last name	<input type="text"/>		
Licence number	<input type="text"/>	State of issue	<input type="text"/>
Address (as it appears on your Licence)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Medicare card

Full name (as it appears on your Medicare card)

First name	<input type="text"/>		Middle initial	<input type="text"/>
Last name	<input type="text"/>			
Card colour (please tick)	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Yellow	Medicare card number <input type="text"/>
Individual reference number (the number to the left of your name)	<input type="checkbox"/>	Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	

Australian passport

Full name (as it appears on your passport)

First name	<input type="text"/>		
Middle name	<input type="text"/>		
Last name	<input type="text"/>		
Passport number	<input type="text"/>		

Australian visa (foreign passport holders)

Full name (as it appears on your passport)

First name

Middle name

Last name

Passport number

Country of
issue

By providing my proof of identity details above, I consent to its use to electronically verify my identity. I understand that my personal information will be shared with a secure external service provider in order to match my information with identification data sources.

Option 2 – Certified copies of identification

Please provide original certified copies of identification. Each page must be certified as a true copy. Please refer to the 'Completing proof of identity' form on our website for information on acceptable proof of identity documents and who can certify them.

Electronic verification if paper copies of certified documentation are incorrectly certified or unable to be read.

I authorise the use of my personal details for the purpose of electronically verifying my identity where possible if the paper copies of my certified documentation are incorrectly certified or unable to be read. I understand that my personal information will be shared with a secure external service provider in order to match my information with identification data sources.

Step 10: Member declaration

Important note: The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at ioof.com.au/privacy.

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my super provider for information about any fees or charges that may apply or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- If the fund I am transferring my benefit to is a Self Managed Superannuation Fund (SMSF), I confirm that I am a trustee or director of a corporate trustee of the SMSF.
- I discharge IOOF of all further liability with respect to the benefits once paid to the fund I am transferring to.
- I understand that all investment options will be converted to cash prior to transferring out of the fund.
- I consent that where I have chosen an investment with a long withdrawal period (illiquid investments) or there are delays receiving proceeds from selling my investments, any withdrawal or transfer request may be delayed for more than 30 days.

I request and consent to the transfer/withdrawal of super, as described above, and I authorise the super provider of each fund to give effect to this transfer.

Member signature

Date

 / / **Please forward all correspondence and enquiries to**

Post GPO Box 264, Melbourne VIC 3001
Email email@ioof.com.au
Telephone 1800 333 500
Fax 03 6215 5933
Web www.ioof.com.au