



1 July 2019

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 ClientFirst on 1800 913 118.

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*	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

* Please provide your TFN if you have not previously provided your TFN to us.

We are authorised by Superannuation and Taxation law to collect your TFN, which will be used to action your withdrawal instructions. It is not an offence if you choose not to provide your TFN, but providing it has its advantages, including that you will not pay more tax than you need to.

If you choose not to provide your TFN, before exiting the fund, any TFN contribution income tax that has been deducted from your account will not be claimed back on your behalf, and 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 ClientFirst on 1800 913 118.

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 IOOF Pension

- 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 on / / 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 Australian Taxation office (ATO) and I have attached the ATO approval**
- I am permanently incapacitated (conditions apply). Please contact ClientFirst for further information.

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

** Please note we can also accept an emailed copy of the ATO approval letter.

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 to IOOF Personal Super and IOOF Pension Products

To transfer to IOOF Personal Super: Please complete the IOOF Personal Super Application form.

To transfer to IOOF Pension: Please complete the Tax File Number Declaration and the IOOF Pension Application forms.

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. If you do not submit a Notice of Intent to claim a tax deduction before you make a full or partial withdrawal, you may lose your ability to claim a tax deduction for some or all of your personal contributions to this super fund.

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).

Notice of intent to claim or vary a deduction for personal super contributions

Section A. Personal contribution details

Financial year ended	3	0	/	0	6	/	2	0		
My personal contributions to this fund covered by this notice	\$ <input type="text"/>									
Is this notice varying an earlier notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
The amount of these personal contributions I will be claiming as a tax deduction	\$ <input type="text"/>									

Please note: Failure to notify us of your intention to claim a tax deduction will result in you being unable to do so once you have exited the fund. Taking a partial payment may limit the amount you can claim in the future.

Declaration

Complete and sign one of the following statements that applies to you.

Section B. Intention to claim a tax deduction

Use this declaration if you have not previously lodged a notice for these contributions

I am lodging this form before the earlier of the following dates:

- the day that I lodge my income tax return for the year stated in section 7A, and
- the end of the income year after the year stated in section 7A.

At the time of completing this notice:

- I intend to claim the personal contributions stated in section 7A as a tax deduction
- I am a member of the IOOF Fund
- IOOF still holds these contributions
- this super fund has not begun to pay a superannuation income stream based in whole or part on these contributions
- I have not included these contributions in an earlier notice.

The information given on this notice is correct and complete.

Member name

Member signature Date / /

OR

Section C. Variation of previous deduction notice

Use this declaration if you have already lodged a notice with this fund for these contributions and you wish to reduce the amount stated in that notice.

I intend to claim the personal contributions stated in section 7A as a tax deduction.

I wish to vary my previous notice for these contributions by reducing the amount I advised in my previous notice.

I confirm that either:

- I have not yet lodged my income tax return for the relevant year and this variation notice is being lodged on or before 30 June in the financial year following the year the contribution was made, or
- The ATO has disallowed my claim for a deduction for the relevant year and this notice reduces the amount stated in my previous valid notice by the amount that has been disallowed.

The information given on this notice is correct and complete.

Member name

Member signature Date / /

Step 8: Additional withdrawal payment instructions

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																										
Middle name																										
Last name																										
Licence number														State of issue												
Address (as it appears on your Licence)																										
Suburb														State			Postcode									
Expiry date			/			/																				

Medicare card

Full name (as it appears on your Medicare card)

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

Australian passport

Full name (as it appears on your passport)

First name																										
Middle name																										
Last name																										
Passport number																										

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' document 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 clientfirst@ioof.com.au
Telephone 1800 913 118
Fax 03 6215 5933
Web www.ioof.com.au