Advance Retirement Suite – Super/Pension

Payment Request

ADVANCE ASSET MANAGEMENT

Trustee: BT Funds Management Ltd (BTFM) Ltd ABN 63 002 916 458 AFSL 233724

GUIDE TO COMPLETING THIS FORM

- Complete this form in **BLOCK LETTERS** by typing directly into the form or using **black pen**, print and sign it.
- Once completed, follow the instructions on the back page to return your form to Advance.
- If you submit this form online, you don't need to post us the original. However, if you're faxing or emailing and supporting documents are required, you'll also need to post us the original signed copy of this form along with original supporting documents. We can then finalise your payment.
- **Questions?** Call our Customer Relations team on 1800 819 935 Monday to Friday, between 8.30am and 7.00pm, Sydney time (8.00pm during daylight savings time) or email **investorservices@advance.com.au**
- **Note:** Privacy laws protect your privacy. Read our Privacy Policy for more information. A copy can be obtained from our website **advance.com.au**

IMPORTANT INFORMATION

- Before withdrawing monies, re-contributing or closing your superannuation or pension account, please contact your financial adviser to discuss any changes to your account and refer to the current Product Disclosure Statement to consider all implications and options available.
- If you're applying to access your benefits under Permanent Incapacity or Terminal Medical Condition please complete the additional relevant form and attach it to this request.
- Do not complete this form if you are applying for a release of funds under Severe Financial Hardship or as a Temporary Resident and have departed Australia.
  - For Severe Financial Hardship, please complete the Financial Hardship application available from your financial adviser or our Customer Relations team.
  - If you are a Temporary Resident and have departed Australia, please complete the 'Application for a departing Australia superannuation payment' form available from www.ato.gov.au.
- If you are rolling over to a Self Managed Super Fund (SMSF) you are required to provide certified copy of identification.
- If you want to transfer some or all of your account balance to another existing Advance Super account in your name, please attach an original Contribution Remittance/Rollover Advice for the destination account.
- If you haven't already supplied your tax file number to Advance please complete the Tax File Number details in Section 1.

Checklist

- ☐ Have you signed and dated this form?
- ☐ Have you indicated an amount if you're making a partial withdrawal?
- ☐ Have you attached all your supporting documents (where required)?
- ☐ Provide below the following list of supporting documents with a cross box next to each
  - ☐ Power of Attorney — original certified copy is required
  - ☐ Guardianship — original certified copy is required
  - ☐ Identification Form — including certified ID — original certified copy is required
  - ☐ Change of Name — Marriage Certificate/Birth Certificate — original certified copy is required
  - ☐ Contribution Remittance Advice — original is required if you are transferring these funds to an existing Advance Superannuation Account
  - ☐ Court orders — original certified copy is required
  - ☐ Separation Certificate /Employer letter on letterhead confirming cessation of employment — original certified copy is required
  - ☐ Permanent incapacity claim form — original is required
  - ☐ Terminal Medical Condition Claim form — original is required
  - ☐ DHS approving letter for access preserved benefits — original certified copy is required.

1. ACCOUNT DETAILS — APPLICABLE FOR SUPER AND PENSION — MANDATORY SECTION

Account number

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Postal address

State Postcode

Country, if not Australia

Phone (home)

Mobile phone number

Work phone number

Facsimile

Email

☐ This is my new address and contact details. Please update my account details for all future correspondence.

My Tax File Number is

Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your Tax File Number (TFN), which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. As trustee of your superannuation fund we may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you advise us in writing that your TFN should not be disclosed to any other superannuation provider.

It's not an offence not to quote your TFN. However, giving your TFN to us will have the following advantages (which may not otherwise apply).

> Your superannuation fund will be able to accept all types of contributions to your account(s).
> The tax on contributions to your superannuation account/s won't increase as a result of no TFN contributions tax.
> Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
> It will make it much easier to trace different superannuation accounts in your name so you receive all your superannuation benefits when you retire.

THESE ADVANTAGES MAY CHANGE IN THE FUTURE.

2. PAYMENT AMOUNT – APPLICABLE FOR SUPER AND PENSION – MANDATORY SECTION

If you intend to claim (or vary) a tax deduction for personal contributions made in the current or previous financial year, you must complete Section 6, Personal Tax Deduction Notice (PTDN).

IF YOUR PTDN COVERS PERSONAL CONTRIBUTIONS INCLUDED IN YOUR PAYMENT, YOU'LL BE UNABLE TO VARY THE NOTICE TO REDUCE THE AMOUNT CLAIMED AS A DEDUCTION AFTER THE PAYMENT HAS BEEN MADE.

IF YOU'RE ELECTING TO ROLLOVER YOUR BENEFITS AND NO AMOUNT IS INDICATED, WE'LL CLOSE AND ROLL OVER ALL YOUR BENEFITS.

☐ Pay my entire benefit and close my account
Proceed to Section 4

OR

☐ Pay my maximum benefit and leave my account open as I wish to make further contributions – applicable for super only

MINIMUM BALANCES WILL BE MAINTAINED – APPROXIMATELY $1,000 – APPLICABLE TO SUPER ONLY. FEES MAY STILL APPLY.

OR

☐ Partial withdrawal (not an option for Term Allocated Pension)

> For superannuation or pre-retirement pension accounts with a cash partial withdrawal please indicate the amount in the 'Partial Withdrawal' section, otherwise we'll only pay out all of your unrestricted non preserved benefits.
> For partial rollovers, the order of cashing will be taken firstly from preserved, then restricted non-preserved and then unrestricted non-preserved benefits. If you're requesting a variation to this, please advise us in writing at the time of this withdrawal.

Pay the following amount:

☐ Gross/Before tax (in words)

$, , .

OR

☐ Net/After tax (in words)

$, , .

OR

☐ Please pay my unrestricted non preserved benefits only.

> For pension accounts, if you indicate an amount in the 'Partial Withdrawal' section, you're electing to receive a lump sum for tax purposes.

3. PAYMENT SOURCE

Is this partial withdrawal to be funded from a specific managed investment(s)?

☐ Yes Complete the section below

☐ No Proceed to Section 4 Payment options

Product code	Managed investment name	Gross amount $
	Total	

Dollar-based withdrawals should only be requested when you are withdrawing part of the nominated asset. Dollar-based payments won't change the account's portfolio profile percentage allocation. If your withdrawal is more than 95% of the value of the nominated managed investment, this investment will be fully redeemed and the balance remaining will be placed in your cash balance to be invested according to your current investment profile.

4. PAYMENT OPTIONS – APPLICABLE TO SUPER AND PENSION – MANDATORY SECTION

Please complete at least one of the following options.

☐ **Option 1:** Transfer to another existing Advance account

Account number

☐ **Option 2:** Recontribute back into this account (only applicable for superannuation)

Please complete a Contribution/Rollover Remittance Advice and attach the original to this form.

➤ Proceed to Section 5 Release of preserved benefits.

☐ **Option 3:** Rollover to a superannuation fund or purchase a pension with another fund

☐ Please cross [✘] here if you're purchasing a pension with these monies.

☐ Please indicate if you are rolling to a Self Managed Super Fund (SMSF). **Note:** By selecting this option, you are confirming that you are a member of the SMSF and the SMSF is a regulated superannuation fund.

Fund name/SMSF name

Fund phone number

Australian Business Number

Membership or account number (not required for SMSF)

Unique superannuation identifier (USI)* (not required for SMSF)

If you are rolling to a SMSF, please attach a certified copy of your identification. eg driver's licence issued under state or territory law, passport issued by the Commonwealth that has not expired within the past two years. For the full list of acceptable documents, please contact your financial adviser or our Customer Relations team on 1800 819 935.

If you are purchasing a pension, you need to have reached your preservation age (for a pre-retirement pension) or satisfy one of the conditions in Section 5.

If your withdrawal is from a Term Allocated Pension account, it can only be directly used to purchase another complying pension or annuity with comparable social security treatment. Ordinary allocated pensions do not meet this criteria.

➤ Proceed to Section 5 Release of preserved benefits.

☐ **Option 4:** Rollover only my preserved benefit to the fund indicated in Option 1 or Option 3 and send the non-preserved benefit in cash.

If you haven't already supplied your tax file number to Advance, please complete the tax file number details in Section 1.

➤ Proceed to Section 5 Release of preserved benefits.

☐ **Option 5:** Credit my Nominated Bank Account

To access preserved or restricted non-preserved benefits, you need to satisfy one of the conditions in Section 6.

To set up or change your existing Nominated Bank Account, simply complete and mail the 'Nominated Bank Account addition or amendment' form along with the required original certified identification documents (as specified in the form) to us for processing prior to submitting any cash payment requests.

5. RELEASE OF PRESERVED BENEFITS – APPLICABLE FOR AND PRE-RETIREMENT PENSION – MANDATORY SECTION

Please cross [✘] the condition that applies to you.

☐ Retirement

- ☐ I've reached my preservation age, ceased employment and don't intend ever again to work more than 10 hours per week.
- ☐ I'm over 60 and I've ceased employment on or after reaching age 60.

☐ I'm over 65

☐ Terminated employment

- ☐ I've left the service of the employer who had (or any associates had) at any time contributed to my superannuation account.
  - > This condition only releases restricted non-preserved benefits
  - > To access benefits under this condition of release you need to provide a Separation Certificate issued by your company confirming cessation of employment.

☐ Compassionate grounds (Special conditions apply, please speak to your financial adviser or call our Customer Relations team)

> Please attach a letter from the Department of Human Services (DHS) approving you can obtain access to your preserved benefits based on compassionate grounds.

☐ I was a lost member and my entire benefit when released is less than $200*.

☐ Permanent incapacity: please attach a Permanent Incapacity Claim form.

☐ Terminal medical condition: please attach a Terminal Medical Claim form.

* This condition is not available to persons who aren't Australian or New Zealand citizens, or permanent residents. By signing this form, you declare that, where you have nominated this condition, you are an Australian or New Zealand citizen or permanent resident.

Important: If you withdraw your entire superannuation benefit you will lose any insurance you currently have. If you want your insurance to continue you will need to leave sufficient balance in your account to fund future premiums. This information is intended as a guide only and does not constitute advice. Before making a withdrawal you should speak to your financial adviser about the impacts this could have on your insurance entitlements.

6. PERSONAL TAX DEDUCTION NOTICE (PTDN) – APPLICABLE FOR SUPER – OPTIONAL SECTION EXCEPT FOR CASH PAYMENTS WITH NON VALIDATED CONTRIBUTIONS

Please indicate by crossing [✘] if you intend to vary or claim a tax deduction for personal contributions made in the current or previous financial year.

☐ Yes, I intend to claim or vary a deduction.

➤ Complete the 'Notice of Intent to Claim or Vary a Deduction for Super Contributions' form available through your financial adviser, on AdviserNET or by calling our Customer Relations team.

IF YOU INTEND TO CLAIM OR VARY A DEDUCTION, THIS MUST BE COMPLETED PRIOR TO SUBMITTING A WITHDRAWAL.

☐ No, I do not intend to claim or vary a deduction.

➤ Proceed to Section 7.

IF YOU WITHDRAW PART OF YOUR SUPERANNUATION BENEFIT (AS A ROLLOVER OR CASH LUMP SUM), THE TRUSTEE WILL NO LONGER HOLD ALL OF YOUR PERSONAL CONTRIBUTIONS. AFTER MAKING A WITHDRAWAL YOU CAN ONLY PROVIDE A NOTICE FOR THE PROPORTION OF YOUR PERSONAL CONTRIBUTIONS THAT REMAIN IN THE FUND.

7. SIGNATURE – APPLICABLE FOR SUPER AND PENSION – MANDATORY SECTION

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 superannuation 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 have obtained or do not require such information
- I consent to my tax file number being disclosed for the purposes of consolidating my account
- I discharge the Trustee of all further liability in respect of the benefits paid and transferred to in Sections 4 and 5 of this form
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer
- For rollovers to an SMSF, I confirm that:
  - I am a member, trustee or director of a corporate trustee of the SMSF, and
  - The SMSF I am rolling over to is a regulated superannuation fund.

I confirm that I have read and agree to the information stated in the 'Important information section' of this form.

Signature

Date (dd/mm/yy)

Name (only required if someone other than the account holder has signed above)

Adviser's phone

Dealer stamp

SEND THIS COMPLETED FORM TO US:

Online: Using our secure Document Upload facility on Investor *Online* or AdviserNET (accessed from Forms > Document Upload menu)

By Post: Advance Asset Management
GPO Box B87, Perth WA 6838

By Email: investorservices@advance.com.au

By Fax: (08) 9481 4834

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935

EMAIL ADDRESS
investorservices@advance.com.au

FAX
(08) 9481 4834

INTERNET ADDRESS
advance.com.au

ADVANCE
ASSET MANAGEMENT

If you submit this form online, you don't need to post us the original. However, if you're faxing or emailing and supporting documents are required, you'll also need to post us the original signed copy of this form along with original supporting documents. We can then finalise your payment.

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