

Advance — Super/Pension

Payment request

~~ADVANCE~~

Complete this form in **BLOCK LETTERS** and

- **post it to** Advance, GPO Box B87,
Perth WA 6838
- or **fax it to** (08) 9481 4318
- or **email it to**
investorservices@advance.com.au

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)?
- Have you completed and attached a certified copy of your identification (where required)?

- ❗ If you are faxing or emailing this form we also need the original when supporting documents are required. Please refer to Section 10.

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.
 - If you're applying for a release of funds under Severe Financial Hardship or as a Temporary Resident and have departed Australia do not complete this payment request form. Contact your adviser or our Advance Contact Centre to obtain the relevant form.
 - 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.
- ❗ Privacy laws protect your privacy. Please read our Privacy Brochure for more information. You can obtain a copy from our Contact Centre.

Questions? Call our Contact Centre on **1800 819 935** or email investorservices@advance.com.au

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 8, Personal Tax Deduction Notice (PTDN).

- i** 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.
- i** 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 (continue to Section 4)

- i** When we close your account we'll cancel your insurance, unless you tell us to continue it. See Section 7, Option to continue with insurance. [A continuation option is not available for Salary Continuance Insurance.]

OR

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

- i** Minimum balances will be maintained — approximately \$1,000 — applicable to super only.
- i** Fees may still apply.

OR

Partial withdrawal (not an option for Term Allocated Pension)

- i** 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.
- i** 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.

- i** 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** ➔ Go to Section 4 Payment options

Product code	Managed investment name	Gross amount \$
Total		

- i** 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.

5. Cash forwarding details — applicable for Super and Pension — mandatory for cash withdrawals

Send the cheque to my postal address stated in Section 1 Account details.

i Cheques are only made payable to you, the Account holder.

OR

Credit the benefit to my financial institution account as detailed below.

Financial institution name

i Your name as the account holder must appear in the financial institution's account name.

Branch

Account name

BSB number

Account number

6. Release of preserved benefits — applicable for Super and Pre-retirement Pension — mandatory section

Please tick the condition that applies to you.

Retirement

I'm over 55, I've 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 service of the employer who had (or any associates had) at any time contributed to my superannuation account and my preserved benefits are less than \$200.

I've left the service of the employer who had (or any associates had) at any time contributed to my superannuation account.

i This condition only releases restricted non-preserved benefits

i 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 Contact Centre)

i Please attach a letter from the Australian Prudential Regulation Authority (APRA) 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.

7. Option to continue with insurance — applicable for Super an optional section

If you're closing your superannuation account and you have insurance, you have the option to continue your insurance with Advance at your current level of cover. To take up this option, tick the box below.

- I'd like to retain the current level of cover, and will be closing this account and transferring to a new Advance Super account.
 - i** To ensure your correct insurance premiums apply to your new account and that your eligibility cover has not altered, you need to tick one box below.
 - i** If you haven't previously made this statement and don't confirm your details at this stage your premiums will be calculated and charged on the basis you're a smoker and these may not be refunded at a later time.
 - I'm a non-smoker (I haven't smoked tobacco or any other substance in the last 12 months).
- OR**
- I am a smoker

8. Personal Tax Deduction Notice (PTDN) — applicable for Super — optional section except for cash payments with non validated contributions

The amount you wish to claim may be affected by withdrawals, including partial withdrawals and rollovers. For partial withdrawals, the Trustee may no longer hold all your personal contributions. You can only provide a PTDN for the proportion of your personal contributions that remain in the fund.

If you don't complete this section, you confirm that either you've already claimed a tax deduction for these contributions or, you won't claim a tax deduction for these contributions.

Please complete this section of the form if you wish to claim a tax deduction for personal contributions made to your account on or after 1 July 2007, and the following conditions apply...

- You haven't completed a personal tax deduction notice for these contributions previously.
- You haven't lodged your tax return for the financial year in which the contributions were made.
- The date which you are making this notice is before 30 June of the financial year following the financial year in which the contributions were made.
- i** You cannot lodge or make a variation to a Personal Tax Deduction Notice if any of the following apply.
 - You've closed your account.
 - The trustee no longer holds the contributions.
 - The trustee has begun to pay an Income Stream based in whole or part on the contributions.
 - The trustee has accepted a contribution — splitting application in relation to the contributions.

By completing this section you confirm the amount covered by this notice has not been included in an earlier notice and acknowledge that this notice may not be withdrawn or revoked. In addition, you acknowledge that you may not claim a tax deduction for any personal contributions to the fund other than the amount indicated on this form or in prior notices already acknowledged in writing by the trustee.

I acknowledge personal contributions to my account as follows:

\$

will be claimed as a tax deduction under Subdivision 290-C of the Income Tax Assessment Act 1997 and are therefore subject to the 15% Contributions Tax and

\$

will not be claimed as a tax deduction.

\$

is the total amount of my personal contribution covered by this notice for the financial year ending 30 June 20

- i** If you have contributions prior to 1 July 2007 and no more than five years has lapsed since you made these contributions, and you have not yet, but you wish to claim a tax deduction for those contributions you will need to complete a separate "Personal Tax Deduction Notice" available from our Contact Centre or your financial adviser.
- i** Providing incorrect information may delay completion of your request — for assistance please contact your financial adviser or our Contact Centre.

9. Signature — applicable for Super and Pension — mandatory section

I declare that the information in this form is true and correct.

Signature

Date

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

Adviser's phone

Dealer stamp

10. Supporting documentation — applicable for Super and Pension — optional section

Enclosed is the following supporting documentation. (Tick as necessary)

- Power of Attorney — original certified copy is required
- Guardianship — original certified copy is required
- Know your Client (KYC) — 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
- APRA approving letter for access preserved benefits — original certified copy is required

ADVANCE

Asgard Capital Management Ltd ABN 92 009 279 592
AFSL 240695 is the trustee and administrator
of the Advance Retirement Suite

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