

# Full or partial benefit withdrawal

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an

## SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr

Mrs

Miss

Ms

Dr






First name/s

Female

Male

Date of Birth








Street address

Suburb/town

State

Postcode








Postal address (if different to street address)

Suburb/town

State

Postcode








Home phone

Day time phone

Mobile

Email

Would you like to receive all communications and documents electronically (where legally possible)?

 Yes  No

## SECTION 2 - TAX DETAILS

Supplying your Tax File Number (TFN) to the Fund is optional. Before you decide whether to provide your TFN, we are required to notify you of the following information:

- Supplying your Tax File Number (TFN) to the Fund is optional. Before you decide whether to provide your TFN, we are required to notify you of the following information:
- The Trustee is authorised under the Superannuation Industry (Supervision) Act 1993 to collect your TFN.
- Your TFN is confidential and it is not compulsory to provide it. However, if you choose not to provide it now or later, you may have to pay significantly more tax on your contributions than you should, we may not be able to accept certain types of contributions and each withdrawal you make will be subject to tax at the highest marginal tax rate. It may also prove more difficult to locate or transfer in any benefits due to you, without your TFN.
- If you do choose to provide your TFN, it will only be used for lawful purposes. These include finding or identifying your super where other information is insufficient, calculating any tax payable on contributions or payments provided and providing information to the ATO. These purposes may change in the future due to legislative requirements.
- If you provide your TFN, the Trustee may then also provide your TFN to the Trustee of any other super fund provider, to which your benefits may be transferred in the future, unless you advise us in writing not to do so. Your TFN will not be provided to any other party or individual.

Tax File Number (TFN)

## SECTION 3 - ACCOUNT DETAILS

a) From which account do you want your funds drawn from?

 Super Solutions Account  Retirement Solutions Account

## SECTION 4 - WITHDRAWAL DETAILS

a) What type of withdrawal would you like to do? (Choose one only)

 Cash withdrawal  Transfer to WA Super Retirement Solutions account

 Cash as part of a retribution strategy

b) How much would you like to withdraw? (Choose one only)

 Whole balance (go to section 7)  Partial withdrawal of \$ 

c) Would you like this amount withdrawn after (net) tax?

 Yes  No, before tax.



SECTION 5 - PRESERVATION DETAILS

a) Do you want to choose the preservation categories from which your commencement funds are drawn?

Yes (complete the section below)  No (go to section 6)

<b>Unrestricted non-preserved</b>	\$	<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"/>	or ALL Unrestricted non-preserved	<input type="checkbox"/>
<b>Restricted non-preserved</b>	\$	<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"/>	or ALL Restricted non-preserved	<input type="checkbox"/>
<b>Preserved</b>	\$	<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"/>	or ALL Preserved	<input type="checkbox"/>

SECTION 6 - PAYMENT DRAW DOWN OPTIONS

You have a choice of which investment options your funds will be drawn down from. If you do not make a choice or your selection is invalid (eg. doesn't add to 100%) your withdrawal will be paid pro-rata from your nominated investment options.

If you require this allocation to be different from this standard procedure, please indicate the proportions below. If not, go to section 7.

<b>Investment Option</b>	<b>Percentage</b>
My WA Super	<input type="text"/> <input type="text"/> <input type="text"/> %
Diversified High Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Diversified Moderate	<input type="text"/> <input type="text"/> <input type="text"/> %
Diversified Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %
Australian Listed & Private Equities	<input type="text"/> <input type="text"/> <input type="text"/> %
Global Listed & Private Equities	<input type="text"/> <input type="text"/> <input type="text"/> %
Sustainable Future	<input type="text"/> <input type="text"/> <input type="text"/> %
Property & Infrastructure	<input type="text"/> <input type="text"/> <input type="text"/> %
Bonds & Yield	<input type="text"/> <input type="text"/> <input type="text"/> %
Cash	<input type="text"/> <input type="text"/> <input type="text"/> %
Australian Listed Equities (Index)	<input type="text"/> <input type="text"/> <input type="text"/> %
Global Listed Equities (Index)	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total</b>	<b>1 0 0 %</b>

SECTION 7 - PAYMENT OPTIONS

Select one of the following options:

Cheque posted to your registered address (go to section 8).

Transferred to WA Super Income stream.

Transferred to your nominated bank account. Fill in your bank details below. **(Only available to WA Super Pension members)**

Name of bank, building society or credit union

Name of account (account must be in your name or if a joint account, you must be one of the account holders)

BSB

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Account number

You MUST also provide a copy of your bank statement which clearly shows the BSB, Account number and Account holders name.

**Mark this box if you have provided a bank statement showing the required items. If not provided, your payments will be delayed.**

SECTION 8 - DECLARATION OF ELIGIBILITY TO CONTRIBUTE TO SUPERANNUATION

a) Are you between the ages of 65 - 74?

Yes (go to question b)  No (go to section 9)

b) Have you worked at least 40 hours in no more than 30 consecutive days in the current financial year?

Yes (go to section 9)  No. You have not met the work test therefore you are not eligible to make personal contributions. We may return any personal contributions we receive from you.



## SECTION 9 - REASONS FOR WITHDRAWAL

Please select one of the situations below that is relevant to you.

- I am transferring to a Retirement Solutions Income Stream.
- I am over 55 years of age/less than age 60 and have ceased gainful employment, and do not intend ever again to become gainfully employed for 10 hours a week or more.
- I am between 60 and 64 years of age and ceased gainful employment with an employer on or after the age of 60.
- I am aged 65 or over.
- I am withdrawing on the grounds of Financial hardship / Compassionate grounds. You will also need to complete a Financial Hardship Claim Form for your application to be considered. Please contact WA Super for this form.
- I am unlikely because of my ill health to ever again engage in gainful employment for which I am reasonably qualified by education, training or experience.
- Departing Temporary Resident. Note: You will also need to complete the ATO Form 'Applying for a Departing Australia Superannuation Payment' - NAT 7204 - 07 - 2012. This form can be obtained from the ATO website or you can apply online at [www.ato.gov.au](http://www.ato.gov.au).

Please note: Further details may be required in certain cases. Generally, you are not allowed to withdraw preserved money from a superannuation fund until you reach preservation age and retire or if you are transferring to another regulated Superannuation Fund. You should seek professional advice on which option suits your personal requirements.

## SECTION 10 - CERTIFIED IDENTIFICATION

**You MUST supply certified copies of your identification. If you don't, your payment will be delayed. See the "Proof of identity" Information Sheet for details on what identification documents you can use. Mark the box to indicate who has certified your identification. If you don't supply correctly certified ID, your payment will be delayed.**

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a justice of the peace
- a notary public officer
- a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- a finance company officer with two or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an AFSL, having two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local government authority with two or more years of continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership

## SECTION 11 - ACKNOWLEDGEMENT AND DECLARATION

- I acknowledge that I have read and understood the above information relating to the provision of my TFN.
- I have read and understood the Fund's Privacy Statement outlined in the Product Disclosure Statement.
- I have attached my certified personal identification requirements that need to be met when submitting this form.
- If my residential address is different to that which is registered with WA Super I have attached proof of residential address to this form. (eg. a utilities bill, ATO notice of assessment).

**Signature**

**Date**

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Partial or full benefit withdrawal form | Issued 1 November 2013 | TF8.4