

Pension lump sum withdrawal

Please complete this form in black ink using BLOCK letters. This request will be invalid if not signed and dated.
Return your signed and completed form, ensuring you have completed Proof of Identity requirements, to:
Club Plus Pension, Locked Bag 5042, Parramatta NSW 2124

Section 1: Personal details

Title: Mr/Mrs/Ms/Miss/Other	Club Plus Pension number (if applicable):	Gender:	
<input type="text"/>	<input type="text"/>	Male	Female
Surname:	Given name(s):		
<input type="text"/>	<input type="text"/>		
Address:			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone number:	Mobile number:		
<input type="text"/>	<input type="text"/>		
Email:	Date of birth (DD/MM/YYYY):		
<input type="text"/>	<input type="text" value="/ /"/>		

Section 2: Entitlement to cash withdrawal

Please select the option that describes your circumstances.

1.	I have reached my preservation age and advise that I have retired permanently from the workforce on:	<input type="text" value="/ /"/>
2.	I am over age 60 and under age 65 and have ceased employment with the employer who was making payments to Club Plus Super on my behalf as of:	<input type="text" value="/ /"/>
3.	I have attained age 65	
4.	I have an unrestricted non-preserved component in my Transition to Retirement Pension	

Section 3: Withdrawal amount

Please indicate the amount you wish to withdraw:

Partial	<input type="text" value="\$"/> (Net amount)	My full account balance
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Section 4: Withdrawal from Investment Options

If you have requested a partial withdrawal and your account balance is invested in more than one option, please nominate investment options from which you wish your withdrawal to be made. If no election is made, your withdrawal will be made from the option(s) you have previously nominated for future transactions.

Cash option	<input type="text" value=""/> %	Growth option	<input type="text" value=""/> %
Conservative Balanced option	<input type="text" value=""/> %	Australian Shares option	<input type="text" value=""/> %
Balanced option	<input type="text" value=""/> %	International Shares option (for TTR pension only)	<input type="text" value=""/> %
Total			100 %

Pension lump sum withdrawal (cont.)

Section 5: Payment instructions

Please pay my withdrawal to the same nominated account into which my regular Club Plus Pension payments are made
OR

Please pay my withdrawal into the following bank, building society or credit union account:

Account name:

Bank / Building Society / Credit Union name:

BSB number:

Account number:

Section 6: Privacy Statement

The personal information provided on this form is collected by and held for Club Plus Super by the fund administrator Australian Administration Services (AAS) in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with your membership of the Fund.

You should read the *Privacy Policy* at clubplussuper.com.au/privacy-policy before completing the form. Call us on **1800 680 627** for a hard copy of the Policy. The Policy contains information about how personal information is collected, used and disclosed, how you can correct your personal information, make a complaint about a privacy breach and other important information about safeguards in place to protect your personal information.

By providing your information, you acknowledge that you have read and understood the *Privacy Policy*.

Section 7: Declaration

- I confirm that the details I have supplied are correct.
- I understand that where the full balance of my account is to be paid from Club Plus Super, I hereby release the Trustee from any further liability to me or my executors, administrators or dependants in respect of my participation in the scheme and request and authorise the termination of my membership in the scheme.
- I understand that my completed request will generally be processed within 7 business days of being received by Club Plus Pension.
- I acknowledge that Club Plus Pension recommend that I consider obtaining advice from a professional and independent financial adviser before proceeding with this withdrawal request.

Member's signature:

Date (DD/MM/YY):

Contact us

pension hotline: 1800 204 194
email: member@clubplussuper.com.au
website: clubplussuper.com.au

Club Plus Superannuation Pty Limited ABN 26 003 217 990, AFSL No. 245362
RSE Licence No. L0000529 as trustee of Club Plus Superannuation Scheme
ABN 95 275 115 088, RSE Registration No. R1000757

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Section 8: Proof of identity

Please contact us if you need more information about verifying your identity.

Complete option 1 (below) OR option 2 (overleaf):

Option 1: Electronic verification

I authorise the Fund to use the personal information provided below to verify my identity for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act* using reliable and independent data sources. I understand the Fund uses a third party for this purpose and consent to its use.

Important: Make sure the details you provide are accurate. If your personal details provided in Section 1 do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will delay processing your payment request. **You must provide your registered street address** in Australia in Section 1: Personal Details if you would like to electronically verify your identity.

You must provide details of at least two of the following documents:

Document 1: Medicare card

Full name as shown on your Medicare card, including initials:

Card number:

Valid to:

 / /

I am person number on this card

Document 2: Australian Driver's Licence

First name as shown on your licence:

Surname as shown on your licence:

Australian driver's licence number:

Expiry date:

 / /

State of issue:

Document 3: Passport

(Please provide an Australian passport if possible, alternatively you can provide details of a foreign passport if you have a visa issued by the Australian Department of Immigration and Border Protection).

Given name/s (including middle name) as shown on your passport:

Surname as shown on your passport:

Passport number:

Country of issue:

Place of birth as shown on your passport:

Date of expiry:

 / /

Pension lump sum withdrawal (cont.)

Section 8: Proof of identity (cont.)

Option 2: Provide certified copies of identification documents

I have attached copies of my certified proof of identity with this application, in accordance with the requirements set out below.

All proof of age or identity documentation must be **CERTIFIED** copies of the original (refer example below).
The following documents may be used.

EITHER:

One of the following documents only:

- driver's licence issued under state or territory law which has not expired; or
- current passport, or for a passport issued by the Commonwealth, a passport that expired less than two years ago.

OR

One of the following documents:

- birth certificate or birth extract;
- citizenship certificate issued by the Commonwealth;
- pension card issued by Centrelink that entitles the person to financial benefits.

AND

One of the following documents:

- letter from Centrelink regarding a government assistance payment;
- notice issued by federal, state or territory government or local council the past twelve months that contains your name and residential address.
For example:
 - Notice of an ATO assessment
 - Rates notice from a local council

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The following are some of the people who can certify copies of your originals as true and correct copies:

- | | | |
|------------------------|------------------------|---|
| • Dentist | • Psychologist | • Accountant |
| • Nurse | • Veterinary surgeon | • Teacher |
| • Pharmacist | • Optometrist | • Judge or Magistrate |
| • Medical Practitioner | • Police Officer | • Australia Post employee |
| • Chiropractor | • Justice of the Peace | • Bank, building society or credit union employee |
| • Physiotherapist | • Engineer | |

If you can't access any of these people, the full list of who can certify documents is available at clubplussuper.com.au/otherforms

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

Example of how to certify identification

Step 1: Take a photocopy of both sides of the original document (see list of documents).

Step 2: Take the photocopy and the original document(s) to an authorised person.

Step 3: The authorised person should state on the front side of each copy:

'This is a true and correct copy of the original.'

The authorised person should write on each copy their:

- full name;
- qualification (from list above);
- registration number (if applicable); and
- signature and date.

