



Did you know you can rollover your benefits in just a few clicks?

If you have a myGov account, go to the Australian Taxation Office (ATO) service and click on 'Consolidate Super'.

When to use this form



Please complete this form if you wish to:

- request your benefit in Club Plus Super be rolled over (transferred) to another superannuation fund; or
- request a cash payment from Club Plus Super if you are eligible (see Section 3: Request for cash payment).



- If your request for a payment relates to financial hardship, death, terminal illness or total and permanent disability, please contact our Member Hotline on **1800 680 627**.
- If you were a temporary resident in Australia, see our *Departing Australia Superannuation Payment Factsheet* at clubplussuper.com.au/tools-resources/fact-sheets.

Please complete this form in black ink using BLOCK letters. This request will be invalid if not signed and dated.

Please return this completed form ensuring you have completed Proof of Identity requirements (as shown in section 9) to:
Club Plus Super Administration, Locked Bag 5007, Parramatta NSW 2124.

Section 1: Personal details

Member number:

Title: Mr/Mrs/Ms/Miss/Other

Surname:

Given name(s):

Residential Address:

Suburb

State

Postcode

Please tick the box if mailing address is the same as the residential address.

Mailing Address:

Suburb

State

Postcode

Home number:

Mobile number:

Email:

Date of birth (DD/MM/YYYY):

Trading name of last employer to contribute to Club Plus Super on your behalf.

Is this your current employer?

Yes

No

Employment termination date (if applicable)
(dd/mm/yyyy)

Contact us

member hotline: 1800 680 627
email: member@clubplussuper.com.au
website: clubplussuper.com.au

Club Plus Superannuation Pty Ltd 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
CP/APP/PYMT/BNF 53.9 03/20 ISS29

Payment of benefits (cont.)

Section 2: Providing Your Tax File Number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, your super fund is authorised to collect, use and disclose your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

The trustee of your super fund may disclose your TFN to another super provider, when your benefits are being transferred, unless you request the trustee of your super fund in writing that your TFN not be disclosed to any other super provider.

Declining to quote your TFN to the trustee of your super fund is not an offence. However giving your TFN to your super fund will have the following advantages:

- your super fund will be able to accept all permitted types of contributions to your account/s;
- other than the tax that may ordinarily apply, you will not pay more tax than you need to - this affects both contributions to your super and benefit payments when you start drawing down your super benefits; and
- it will make it much easier to find different super accounts in your name so that you receive all your super benefits when you retire.

I consent to my Tax File Number being disclosed for the purposes of consolidating my account.

Tax File Number:

Section 3: Request for cash payment (go to section 6 if you are not requesting a cash payment)

I want to withdraw:

My total benefit

I understand that if I withdraw my total benefit, any insurance cover I hold in my account will cease from the date my account is closed.

Part of my benefit only

\$ (Net amount)

A minimum of \$6,000 needs to be retained in your account.

If you have more than one investment option, your partial withdrawal will be taken proportionately across your options unless you have given the Trustee alternate instructions.

I am eligible for a cash payment as:

I am over preservation age* and have permanently retired.

I am over age 60 and have ceased an employment arrangement after reaching age 60.

I am over age 65 (you may still be working)

I have left my employer and my benefit is less than \$200

I have an Unrestricted non-preserved amount

I have been approved on Compassionate grounds (see also section 5)

* See your preservation age at: ato.gov.au/Individuals/Super/Withdrawing-and-using-your-super/

Section 4: Bank details

Bank name:

Account name:

BSB number:

Account number:

Section 5: Compassionate Grounds (see the ATO website ato.gov.au for more information)

To claim a benefit under compassionate grounds you need to:

1. Apply for approval from the ATO through your myGov account or call them on 13 10 20 for an application form.
2. Send this completed form to Club Plus Super with the proof of identity requirements (see section 9) and the approval letter from the ATO.

All paperwork must be received within 21 days of the date of the ATO letter.

Payment of benefits (cont.)

Section 6: Rollover fund details

I want to rollover (select one option only):

My total benefit.

I understand that if I rollover my total benefit, any insurance cover I hold in my account will cease from the date my account is closed.

Part of my benefit only.

A minimum of \$6,000 needs to be retained in your account.

If you have more than one investment option, your partial withdrawal will be taken proportionately across your options unless you give the Trustee alternate instructions.

Rollover fund name:

Member number:

Unique Superannuation Identifier (USI):

Australian Business Number (ABN):

If your rollover is to a self-managed superannuation fund (SMSF), please advise the fund's bank details in section 4.

Section 7: Privacy

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 8: Declaration

- I am an Australian citizen, New Zealand citizen or permanent resident of Australia.
- 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 by doing this, any insurance cover I hold in my account will cease from the date my account is closed.
- I understand Club Plus Super may use my email address and/or mobile number to contact me about my member statements, disclosures and other important communications, newsletters, updates and other marketing notifications while I am a member.
- I declare that the information supplied by me is correct.

Member's signature:

Date (DD/MM/YY):

Payment of benefits (cont.)

Section 9: Proof of identity

You must complete this section if you're applying for a cash withdrawal or if you're rolling your benefit into a self managed superannuation fund (SMSF). 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. Note that if you have an address without a street number, electronic verification will not be available to you.

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:

Payment of benefits (cont.)

Section 9: 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
- Nurse
- Pharmacist
- Medical Practitioner
- Chiropractor
- Physiotherapist
- Psychologist
- Veterinary surgeon
- Optometrist
- Police Officer
- Justice of the Peace
- Engineer
- Accountant
- Teacher
- Judge or Magistrate
- Australia Post employee
- Bank, building society or credit union employee

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.

