

Benefit Payment Form



Self Managed Superannuation

Complete this form in BLACK PEN and CAPITAL LETTERS and mark boxes with a [X].
If you have any questions on how to complete this form contact SuperNation on 1300 884 509.

RETURN COMPLETED FORM TO: SuperNation Fund Administration Pty Ltd
PO Box 5889, Gold Coast MC, Qld 9726

1. Fund Details

Fund name ("the Fund")

Fund account number

2. Member Details

Title

Given name(s)

Surname

Address

Suburb

State

Postcode

3. Conditions of Release

Reason for payment:

- | | |
|---|---|
| <input type="checkbox"/> I am at least 55 and retired, and do not intend to seek gainful employment. | <input type="checkbox"/> I am permanently incapacitated. |
| <input type="checkbox"/> Compassionate grounds as approved by APRA. | <input type="checkbox"/> I am in severe financial hardship. |
| <input type="checkbox"/> I am at least 60 and have ceased gainful employment since turning that age. | <input type="checkbox"/> I am 65 years old. |
| <input type="checkbox"/> I have terminated employment from an employer that has contributed to this fund (restricted non-preserved benefits only).* | |

4. Payment Instructions

The payment is to be:

- paid to me **OR** a rollover to another superannuation fund

AND IS

the entire benefit, or

a partial amount of: \$ •

consisting of the following components: (If no components are specified the partial amount will be in proportion to your components.)

| | | | | | | | |
|------------------------------------|----|----------------------|---|----------------------|-----------|--------------------------|--------------|
| Undeducted | \$ | <input type="text"/> | • | <input type="text"/> | OR | <input type="checkbox"/> | proportional |
| Pre 01/07/1983 and Post 30/06/1994 | \$ | <input type="text"/> | • | <input type="text"/> | OR | <input type="checkbox"/> | proportional |
| Post 30/06/1994 | \$ | <input type="text"/> | • | <input type="text"/> | OR | <input type="checkbox"/> | proportional |
| Concessional | \$ | <input type="text"/> | • | <input type="text"/> | OR | <input type="checkbox"/> | proportional |
| Capital Gains Tax-exempt | \$ | <input type="text"/> | • | <input type="text"/> | OR | <input type="checkbox"/> | proportional |

5. Rollover Details

Complete this section if you would like your withdrawal to be rolled over to another institution. If you require more than 2 rollovers to another institution(s), please attached a signed letter with this Withdrawal Form with the details below.

ROLLOVER 1

Rollover institution / fund name

ABN **AND** SPIN or Recipient's account number

Postal address

Suburb

State

Postcode

Amount

\$.

ROLLOVER 2

Rollover institution / fund name

ABN **AND** SPIN or Recipient's account number

Postal address

Suburb

State

Postcode

Amount

\$.

6. Tax File Number Notification

I acknowledge that I am aware that:

- my provision, and your receipt, of my tax file number are authorised under the Superannuation Industry (Supervision) Act 1993;
- if I provide my tax file number to you, you will use it only for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, calculating tax on any eligible termination payments I may be entitled to, and providing information to the Commissioner of Taxation (amongst other things to enable the Commissioner of Taxation to assess any surcharge payable on superannuation contributions made by or for me). These purposes may change in future;
- I don't have to supply my tax file number, and if I choose not to, I will commit no offence. However, if I don't provide my tax file number:
 - withdrawals from the fund will be taxed at the highest marginal rate (currently 47% plus Medicare levy), however, that additional tax may be reclaimed when I lodge my tax return;
 - a contributions tax surcharge of 15% may be payable on superannuation contributions paid by me or on my behalf, however, in some circumstances it may be reclaimable through the Australian Taxation Office;
 - in the future it may be more difficult to identify or amalgamate any superannuation benefits that I have not claimed.

These consequences may change in the future.

- If I provide my tax file number to you, you may provide it to the trustee of another superannuation fund or to an RSA provider where that trustee or RSA provider is to receive my transferred benefits in the future. You won't pass my tax file number to such a trustee or RSA provider if I tell you in writing that I don't want you to. You may also give my Tax File Number to the Commissioner of Taxation, otherwise it will be treated as confidential.

I have provided you with my Tax File Number in the past;

OR

My Tax File Number is:

7. Declaration and Signature

I declare that:

- if this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it);
- By signing this form I acknowledge that I have read the current SuperNation Self Managed Superannuation Service Information and Administration Agreement disclosure document.

Print name of Member

Date

Signature of Member