

Withdraw from your defined benefit

1800 005 166
info@spiritsuper.com.au
GPO Box 1547, Hobart TAS 7001

For defined benefits members only

Use this form to make a withdrawal, convert to a Spirit Super accumulation account, or transfer to another super fund.

Important information

- Your insurance will cease if your account is closed due to a full withdrawal or your total account balance is transferred to another super fund.
- You should seek personal advice before completing this form to make sure this decision is right for you. You should also confirm if this payment will have tax or social security implications.

Our forms and fact sheets are available at spiritsuper.com.au.

Section 1 Your details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

First name

Middle name/s

Residential address

Suburb/Town/City

State

Postcode

Preferred phone

Email

Employer

Do we have your tax file number (TFN)?

Yes

No, but here it is:

You don't have to provide your TFN, but you may pay extra tax or miss out on government incentives and you can't make personal contributions. Refer to our *How super is taxed* fact sheet.



Section 2 Your situation

Let us know if the following applies to you:

- I've been retrenched or made redundant.
This may impact your final benefit. We'll confirm this with your employer.

I'm eligible to access my super because: Select one only.

- I've reached my preservation age (see table below) and have permanently retired. I don't intend to work again for 10 or more hours a week.
Date of your retirement (DD MM YYYY)

- I ended an employment arrangement since turning 60.
Date your employment arrangement ended (DD MM YYYY)

- I'm unable to work due to illness or injury, or I'm terminally ill.
Date you stopped work due to illness or injury (DD MM YYYY)

You need to provide written opinions from two medical practitioners to support your application. For more information, refer to our *Early access to your super* fact sheet.

- I'm applying under compassionate grounds.
You need to apply to the Australian Taxation Office first. For more information, refer to our *Early access to your super* fact sheet.

- None of the above.
If you're under 65 years of age you may not be eligible to withdraw your super.

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 – 30 June 1961	56
1 July 1961 – 30 June 1962	57
1 July 1962 – 30 June 1963	58
1 July 1963 – 30 June 1964	59
After 30 June 1964	60

Section 3 Reason for requesting a payment

I want to:

- Make a withdrawal – you need to complete sections 4, 7 and 8.
- Transfer to a Spirit Super accumulation account – you need to complete sections 5 and 8.
- Transfer to another super fund – you need to complete sections 6, 7 and 8.
- Transfer to a Spirit Super pension account – You need to complete a *Join Spirit Super pension* form. Contact us for more information. Go to section 8.

Section 4
Make a withdrawal

I want to withdraw:

my full account balance.

This will close your account and any insurance cover will end. The final amount paid may vary due to investment earnings, tax and fees.

OR

an amount of \$

If you're closing your defined benefit account, please also provide investment instructions for your remaining balance in section 5.

I want to receive the amount shown above **after** tax has been paid. Tax may be payable if you're under 60.

How would you like the payment made? If you don't tell us, we'll send you a cheque.

Cheque OR pay to my bank account. Provide details below.

Account name – the account must be held solely or jointly in your name. Payments can't be made to business accounts or third parties.

BSB number

Account number

Section 5
Transfer to a Spirit Super accumulation account

I want to transfer the following amount to my Spirit Super account number:

If you don't have a Spirit Super account, we'll set one up for you. Refer to our *Member guide* for more information.

my full account balance.

This will close your account and any insurance cover will end. The final amount paid may vary due to investment earnings, tax and fees.

OR

an amount of \$

Invest my defined benefit savings as follows:

You can choose to invest in one or a combination of different investment options. If you don't make a choice, you'll be invested in the Balanced (MySuper) investment option. You can change your investments, including your investment option/s for future transactions, in **Member Online**, by calling **1800 005 166** or by completing the *Change your investments* form.

Investment option	Investment %
Growth	%
Sustainable	%
Balanced (MySuper)	%
Moderate	%
Conservative	%
Australian shares	%
International shares	%
Diversified fixed interest	%
Cash	%
Total	100%

Section 6
Transfer to another super fund

I want to transfer:

my full account balance.

This will close your account and any insurance cover will end. The final amount paid may vary due to investment earnings, tax and fees.

OR

an amount of \$

If you're closing your defined benefit account, please also provide investment instructions for your remaining balance in section 5.

New super fund details

Fund name

Phone

Member number

USI

ABN

If you're transferring to a self-managed super fund, we'll send a cheque to your fund's registered address.

Section 7
Provide proof of identity

Complete this section if you're:

- making a withdrawal
- transferring to a self-managed super fund
- transferring to another super fund and you haven't provided your TFN in section 1.

Please verify your identity by choosing option 1 or 2.

Option 1 – I want to use electronic verification

I authorise Spirit Super to use my details held for the purpose of confirming my identity. I understand that my details will be checked with the relevant official record holder through the use of third party systems.

IMPORTANT: Make sure that the details you provide below exactly match your documents. If the details vary, we won't be able to verify your identity electronically.

Provide details of any TWO of the following:

1. Australian driver's licence

Full name as appears on my driver's licence

My Australian driver's licence number

State of issue

Expiry date (DD MM YYYY)

2. Medicare card

Full name as appears on my Medicare card

My Medicare number

Valid to (MM YYYY)

Colour of card

Green Yellow Blue Your reference number on this card is

3. Australian passport

Full name as appears on my passport

My Australian passport number

Section 7
Provide proof of identity (continued)

Option 2 – I want to use paper-based verification

- I've provided certified proof of identity with this form. See the *Guide to providing proof of ID* fact sheet for more information.
- I authorise Spirit Super to use my personal details for the purpose of confirming my identity if the paper copies of my certified identification documents are incorrectly certified, scanned or unable to be read. I understand that my details will be checked with the relevant official record holder through the use of third party systems.

Section 8
Member declaration

By signing this form I'm making the following statements:

- I declare I've fully read this form and the information is true and correct.
- I understand that Spirit Super may contact my employer to verify answers I've given.
- I understand that I may lose benefits such as insurance if my account is closed. I've considered this and don't require any further information.
- I discharge the Spirit Super trustee from any further liability in respect of my benefits paid and transferred from Spirit Super.
- I consent to the use of my personal information as outlined in Spirit Super's *Privacy policy* available at spiritsuper.com.au/privacy-policy or by calling us on **1800 005 166**.
- I request and consent to the payment of my benefits as described above, and authorise Spirit Super to determine the tax treatment of my benefit.

Your signature

Date (DD MM YYYY)

--	--	--	--	--	--



Return the completed, signed and dated form to info@spiritsuper.com.au or Spirit Super, GPO Box 1547, Hobart TAS 7001.

