

# Withdraw from your pension

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GPO Box 1547, Hobart TAS 7001

Use this form to withdraw or transfer funds from your pension account.

## Important information

- You may receive a final pension payment if you haven't received your pro-rata minimum payment for the financial year and you've requested a full withdrawal or transfer.
- Part withdrawals and transfers from Transition and Control Pensions will be paid in line with your chosen future transaction investment strategy.
- If you make a part withdrawal from a Managed Pension account, your payments will remain the same until 30 June. We'll recalculate your pension income on 1 July and your payment rate may be reduced.
- You should seek personal advice to confirm if this payment will have tax or social security implications.
- Once your completed form has been received, it usually takes around five business days to pay withdrawals or three business days to transfer to another super fund.

## 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

## Section 2 Reason for requesting a payment

Place an X in the box below that applies to you. Select one only.

Make a withdrawal – go to section 3.

Transfer to a Spirit Super account – go to section 4.

Transfer to another super fund – go to section 5.





## Section 5 Transfer to another Super fund

Transfer the following amount to another super fund:

my full account balance

OR

an amount of: \$

To keep your pension account open, you need to leave a balance of at least \$6,000, or your minimum annual pension amount less payments already received this financial year, whichever is greater. We may adjust the amount specified above to meet these requirements.

**New super fund details:**

Fund name

Phone

Member number

USI

ABN

**Is this a self-managed super fund?**

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

## Section 6 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 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](https://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, 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](mailto:info@spiritsuper.com.au) or Spirit Super, GPO Box 1547, Hobart TAS 7001.

