

# Withdraw from your defined benefit

1800 005 166  
[info@spiritsuper.com.au](mailto: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 total account balance is transferred to another super fund.
- Regardless of how and when you access your super, you should get advice from a licensed financial adviser first to confirm if a withdrawal will have tax or social security implications. If you're under 60, you may have to pay tax.

Our forms and fact sheets are available at [spiritsuper.com.au](http://spiritsuper.com.au).

## Section 1 Your details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

Given 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'm aged between 60–65 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've ended an employment arrangement since turning 60.

Date your employment arrangement ended (DD MM YYYY)

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

- I'm unable to ever work again 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.

---

## 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 holder's full name – eg Jane Smith. 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	%
<b>Total</b>	<b>100%</b>

**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

I'm transferring to a self-managed super fund

Self-managed super fund name

ABN

Electronic service address (ESA)

Self-managed super fund bank account name

BSB number

Account number

**Section 7**  
**Provide proof of identity**

Complete this section if you're:

- making a withdrawal
- 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)

Card issue number

**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

**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:

- To the best of my knowledge, the information I've provided 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](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 above, and authorise Spirit Super to determine the tax treatment of my benefit.

Your signature

Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------



Return the completed, signed and dated form via:

- upload using the Contact Us portal in [Member Online](#)
- email to [info@spiritsuper.com.au](mailto:info@spiritsuper.com.au)
- mail to Spirit Super, GPO Box 1547, Hobart TAS 7001.

