

Withdrawal/Rollover form

Purpose of this form

Use this form to withdraw funds from your ClearView WealthFoundations Super and Pension or ClearView Roll-over Bond account or to rollover your funds to another complying super fund.

Important notes

Before your withdrawal or rollover request can be completed we are required by law to confirm your identity. If you have previously provided certified identification, then you don't need to do this again. If you haven't then you will need to provide us with original certified identification. We can accept original certified identification from your listed email address on your ClearView account or via mail.

Fields marked with an asterisk (*) must be completed in order for us to action your request.

*A. Member details

Account number / (e.g. CSUP / 100000)

Given name(s)

Surname

Date of birth

Contact phone number

Email address

*B. Type of payment

<input type="checkbox"/> Withdrawal paid to a bank account	<input type="checkbox"/> Full withdrawal <input type="checkbox"/> Partial withdrawal amount \$ <input type="text"/>	<input type="checkbox"/> Gross of fees and taxes <input type="checkbox"/> Net of fees and taxes
<input type="checkbox"/> Rollover to another complying super fund	<input type="checkbox"/> Full rollover <input type="checkbox"/> Partial rollover amount \$ <input type="text"/>	Note: If you do not make a selection your withdrawal will be processed gross of fees and taxes
<input type="checkbox"/> Ad-hoc pension payment	Amount \$ <input type="text"/>	

Note: If you have made personal contributions in the current or previous financial year and intend to claim them as a tax deduction, please contact your adviser or our Service Centre for further information before submitting your withdrawal or rollover request to be processed.

C. Investment instruction (partial withdrawal or partial rollover only)

Note: If you do not make a selection for your investment instruction we will use your Money Out Choice.

☐ Money Out Choice OR

Investment Pool

Guaranteed Cash

Total withdrawal/rollover

\$ + \$ = \$

D. Payment details

- ☐ Deposit into my existing linked bank account
- ☐ Deposit into the following bank account

Nominated bank account details

Name of account holder

BSB number

Account number

- ☐ **Please tick this box if the payment is being directed to a third party bank account** (this is a bank account that is not in your name). Please also provide original certified identification for the account holder/s of the third party bank account.

E. Rollover to another complying super fund (including SMSFs)

Fund details

Name of Fund

Australian Business Number (ABN)

Unique Super Identifier (USI)

Membership or account number

Electronic Service Address (ESA) - (for SMSFs only)

F. Conditions of release (Super and Transition to Retirement accounts only)

Note: This section is not required if you are requesting a rollover to another complying super fund.

Please select one condition of release only:

- ☐ I have attained age 65
- ☐ I am withdrawing an 'unrestricted non-preserved' amount
- ☐ I am withdrawing a 'restricted non-preserved' amount and have ceased a paid employment arrangement with an employer who has contributed to my account

Date ceased employment

- ☐ I have reached my preservation age, have retired and never intend to work more than 10 hours a week

Date ceased employment

- ☐ I am age 60 to 64 and have ceased a paid employment arrangement since turning age 60

Date ceased employment

Please contact our Service Centre regarding further information that will be required for the below conditions of release:

- ☐ I am a non-resident on a temporary visa which has since expired or been cancelled and have permanently departed Australia to reside overseas
- ☐ I am withdrawing on the grounds of severe financial hardship
- ☐ I have been diagnosed with a terminal medical condition
- ☐ I have been diagnosed as permanently incapacitated
- ☐ I am withdrawing under compassionate grounds which have been approved by the ATO
- ☐ I was previously a lost member and my balance is under \$6,000.

*G. Member declarations and signature

By signing this form:

- I declare all the details given in this form are true and correct;
- If I am rolling over my super benefit to another complying super fund:
 - I discharge Equity Trustees Superannuation Limited, ClearView Life Assurance Limited and its related bodies corporate, from any further liability in respect of my super benefit once the rollover has been completed; and
 - I am aware that fees and charges may apply, and have all the required information about the effect this rollover may have on my benefits.
- If I have requested a withdrawal from superannuation (not rollover), I have satisfied one or more of the conditions of release as set out in Section F;
- I declare that, if signing under a power of attorney, I verify that, at the time of signing, I have not received notice of revocation of that power;
- I understand personal information provided will be collected, used and disclosed in accordance with the relevant Product Disclosure Statement and Privacy Policy available at **clearview.com.au**;
- I acknowledge and agree that if ClearView reasonably believes the signature below is genuine, ClearView is entitled to rely on that signature and will not be liable for any loss I may suffer if it is later found that signature was fraudulent; and
- I request and consent to the withdrawal or rollover of the superannuation benefits, as described in this form, and authorise ClearView to give effect to this withdrawal/rollover.
- In this section, all references to ClearView are intended to include a reference to Equity Trustees Superannuation Limited, ClearView Life Assurance Limited and any service provider appointed by us from time to time.

Signature of member

Date signed

Note: If signing under a power of attorney, please provide an original certified copy of the power of attorney document and the attorney's identification, if not previously provided to ClearView.

Member full name (print clearly in block letters)

Sending your form

Please send the form to us via your email address on file or mail.

Mailing address:

**ClearView Wealth
Reply Paid 4232
Sydney NSW 2001**

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE Licence L0001458, AFSL 229757) as Trustee for the ClearView Retirement Plan ABN 45 828 721 007 RSE Registration No R1001624. ClearView Roll-over Bond is issued by ClearView Life Assurance Limited ABN 12 000 021 581, AFSL 227682.