

THE ARC ALLOCATED PENSION (INCLUDING TRANSITION TO RETIREMENT) BENEFIT PAYMENT REQUEST FORM

TOWER Australian Superannuation Limited
RSE Lic. L0000642 ABN 69 003 059 407 AFSL 237851
TOWER Master Fund RSE Reg. R1000894

Please complete this form if you wish to rollover your super benefits from your ARC Allocated Pension (including Transition To Retirement Pensions) to another super fund or if you are eligible to and wish to withdraw your benefits in cash.

Please read the *Important Notes* at the back of this form before completing this form.

1. PERSONAL DETAILS

Member Number	<input style="width: 100%;" type="text"/>		
Title	<input style="width: 15%;" type="text"/>	Surname	<input style="width: 70%;" type="text"/>
Previous surname (if applicable)	<input style="width: 100%;" type="text"/>		
Given name(s)	<input style="width: 100%;" type="text"/>		
Date of birth	<input style="width: 15%;" type="text"/>	/	<input style="width: 15%;" type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Contact phone number	<input style="width: 100%;" type="text"/>		
Tax file number*	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
* Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences. Please refer to <i>What happens if I do not quote my Tax File Number?</i> in the <i>Important Notes</i> section of this form.			
Address	<input style="width: 100%;" type="text"/>		
Suburb	<input style="width: 60%;" type="text"/>	State	<input style="width: 10%;" type="text"/>
		Postcode	<input style="width: 15%;" type="text"/>

2. REASON FOR BENEFIT PAYMENT REQUEST

- I am rolling over my benefit to a complying super fund
- I am withdrawing an unrestricted non preserved benefit
- I have reached age 55 and am permanently retired
- I have reached age 60 and have ceased employment
- I have reached age 65
- I am withdrawing under the cooling off period
- I am withdrawing on compassionate grounds – Please attach original letter of approval from the Australian Prudential Regulation Authority (APRA) or contact a TOWER Customer Service Consultant for more information.
- I am withdrawing on the grounds of financial hardship – Please attach original Centrelink letter and completed *Financial Hardship form*, which is available online at www.toweraustralia.com.au or by contacting a TOWER Customer Service Consultant.
- I am permanently incapacitated – Please attach supporting paperwork or contact a TOWER Customer Service Consultant for more information.
- I am rolling over my benefit to a Self Managed Super Fund. Please read *Rollover to Self Managed Superannuation Fund* in the *Important Notes* section of this form.

3. BENEFIT PAYMENT INSTRUCTIONS

- I wish to **roll over** my **total benefit** to another fund.
Please complete section 3a. *Rollover instructions* below.
- I wish to **withdraw as cash** my **total benefit**.
Please complete section 3b. *Cash payment instructions* below.
- I wish to **roll over a portion of my benefit** only to another fund.
Please specify the percentage (%) OR dollar amount (\$) that you wish to rollover.

% **OR** \$ (gross/net)*

Please complete section 3a. *Rollover instructions* below.

- I wish to **withdraw as cash a portion of my benefit** only.
Please specify the percentage (%) OR dollar amount (\$) that you wish to withdraw as cash.

% **OR** \$ (gross/net)*

Please complete section 3b. *Cash payment instructions* below.

If you are making a partial withdrawal, you may nominate from which investment options you wish to withdraw. If you do not specify, we will withdraw from each option equally.

Investment option (eg TOWER Cash)	Amount (\$)*

* Where a dollar amount is specified, please also specify whether this is the gross or net amount. Please note, where neither is selected, the default is gross.

3a. Rollover instructions

Please provide below details of the fund you would like your benefit rolled over to.

Name of receiving fund

Cheque payee

Member number SPIN

ABN RSE Reg.

Fund postal address

Fund contact number

3b. Cash payment instructions

Please select your preferred payment option below.

- Please pay to my existing account on file.
- Please mail a cheque to the address provided in section 1.
- Please pay to the account nominated below. Note – we will not make payments to a third party account.

Name of financial institution

Branch

BSB

Account number

Account name

4. PROOF OF IDENTITY

In order for us to release your benefit, we require you to provide us with the following identification. Please note that we are unable to process your benefit payment request without it. Please refer to *Certification of Personal Documents* in the *Important Notes* section of this form.

I have attached a certified copy of my driver's licence or passport

OR

I have attached certified copies of both:
Birth/Citizenship Certificate or Centrelink Pension card

AND

Centrelink payment letter or Government or local council notice (less than 1 year old) with name and address
(eg ATO assessment or rates notice from council)

5. AUTHORISATION

By signing this Benefit Payment Request Form, I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware that I may ask TOWER for information about any fees or charges that may apply, or any other information about the effect this rollover or withdrawal may have on my benefits, and do not require any further information.
- If the fund I am rolling over my benefits to (if applicable) is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge TOWER of all further liability in respect of the benefits paid and rolled over to my nominated receiving fund (if applicable).
- I request and consent to the rollover or withdrawal of my benefit as described above and authorise TOWER to give effect to this rollover or withdrawal.

Name (Print in
BLOCK LETTERS)

Signature

Date

6. CONTACT US

TOWER Customer Service Consultants:

ARC Allocated Pension

1800 226 364

Monday to Friday 8.30am– 6.00pm (EST)

Fax 1800 817 340

arcmt@toweraustralia.com.au

Please return your completed form and any supporting paperwork to:

TOWER Australia Limited

Reply Paid 142

Milsons Point NSW 1565

www.arcmt.com.au

IMPORTANT NOTES

Please read this information before you complete the Benefit Payment Request Form. Please contact a TOWER Customer Service Consultant should you require any additional information.

THINGS YOU NEED TO CONSIDER WHEN ROLLING OVER OR WITHDRAWING YOUR SUPERANNUATION

When you rollover or withdraw your TOWER super benefits, your entitlements under the Fund may cease. You should consider all relevant information before you make a decision to transfer your super. You may wish to consider the following:

- **Fees** – TOWER must give you information about any fees that apply when rolling over or withdrawing your super. The fees could include administration fees as well as exit or withdrawal fees. If you are not aware of the fees that may apply, please contact a TOWER Customer Service Consultant for further information before completing this form. The fund you are rolling over your benefit to (if applicable), may also charge entry or deposit fees on transfer. Differences in fees may have a significant effect on your super savings. For example, a 1% increase in fees may significantly reduce your final benefit.

WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER?

You are not obligated to provide your Tax File Number (TFN) to TOWER. However, if you do not provide your TFN, your contributions may be taxed at the highest marginal rate plus Medicare levy, compared to the concessional tax rate of 15%. TOWER may deduct this additional tax from your account. Your cash benefit may also be taxed at the highest marginal rate plus Medicare levy.

If TOWER does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the Superannuation Industry (Supervision) Act 1993, TOWER is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

ROLLOVER TO SELF MANAGED SUPERANNUATION FUND

You may use this form to rollover your super benefit to your own self managed superannuation fund (SMSF).

You should be aware that SMSFs are subject to the same rules and restrictions as other funds, when benefits are to be paid out. In particular, super benefits in a SMSF are required to be 'preserved', meaning they are not generally able to be accessed until you have reached your preservation age and are retired or meet other eligibility requirements.

The Trustee may be able to request further information from you about your status as a member, a trustee or a director of a corporate trustee of your SMSF, if there are multiple transfer requests to your SMSF. Penalties may apply for providing false or misleading information.

HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the Member, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the Member	Guardianship papers or Power of Attorney.

CERTIFICATION OF PERSONAL DOCUMENTS

All submitted copies of identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so.

The person who is authorised to certify documents must sight the original and the copy and make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification and date.

The following people are authorised to certify copies of the originals as true and correct copies:

- a Justice of the Peace
- a police officer
- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services License (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a registrar or deputy registrar of a court
- a person enrolled on the roll of a State or Territory Supreme Court of the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth Court.