

# SUPERANNUATION BENEFIT PAYMENT REQUEST FORM

Dated 1 July 2010  
 TOWER Australian Superannuation Limited ABN 69 003 059 407 AFSL 237851  
 TOWER Master Fund ABN 20 891 605 180  
 TOWER Superannuation Fund for the General Public ABN 76 727 806 658

Please complete this form if you wish to rollover your superannuation benefits from your TOWER account to another superannuation fund or if you are eligible to and wish to withdraw your benefits in cash. Fill out this form in capital letters using a black or blue pen. Please read the Important Notes at the back of this form.

**This form is not suitable for you if:**

**You're claiming for Financial Hardship.** Please complete a Financial Hardship form available online at [www.toweraustralia.com.au](http://www.toweraustralia.com.au) or by contacting TOWER.

**You're claiming for Permanent Incapacity or a Terminal Illness.** Please contact a TOWER Customer Service Consultant for a Total Permanent Disability Claim form.

**You're rolling over to a Self Managed Superannuation Fund.** Please complete a Self Managed Superannuation Fund Benefit Payment Request form available online at [www.toweraustralia.com.au](http://www.toweraustralia.com.au) or by contacting TOWER.

**You're an Australian Temporary Resident.** Please read the **Temporary resident – new conditions of release** in the **Important Notes** section of this form.

**You're claiming under Compassionate Grounds.** Please contact the Australian Prudential Regulation Authority (APRA) on 1300 13 10 60. For further information, please contact a TOWER Customer Service Consultant on 1300 209 088.

## 1. PERSONAL DETAILS

|  |  |                      |  |
|--|--|----------------------|--|
| Policy/Fund and member number  | <input type="text"/>   |                      |  |
| Title  | <input type="text"/>   | Surname              | <input type="text"/>   |
| Previous surname (if applicable)   | <input type="text"/>   |                      |  |
| Given name(s)  | <input type="text"/>   | Date of birth        | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Are you an Australian or New Zealand Citizen or Permanent Resident?  |  |                      | Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| Contact phone number   | <input type="text"/> ( <input type="text"/> ) <input type="text"/> |                      |  |
| Tax file number*   | <input type="text"/>   | <input type="text"/> | <input 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 <b>What happens if I do not quote my tax file number?</b> in the <b>Important Notes</b> section of this form. |  |                      |  |
| Current address (PO Box address not accepted)  | <input type="text"/>   |                      |  |
| Suburb   | <input type="text"/>   | State                | <input type="text"/>   |
|  |  | Postcode             | <input type="text"/>   |
| Previous address   | <input type="text"/>   |                      |  |
| Suburb   | <input type="text"/>   | State                | <input type="text"/>   |
|  |  | Postcode             | <input type="text"/>   |

## 2. REASON FOR BENEFIT PAYMENT REQUEST

I am rolling over my benefit to a complying superannuation fund

I am withdrawing an unrestricted non-preserved benefit

I have reached age 55 and am permanently retired, have ceased employment and intend never to work for 10 hours or more a week

I am withdrawing a restricted non-preserved amount and have left the employer who was contributing to my Super Plan      Date left employment  /  /

I have reached age 60 and have ceased employment      Date left employment  /  /

I am withdrawing under the cooling off period

I have reached age 65

### 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.

\* 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.

**Note:** we will not send the Rollover Cheque to a third party such as a Financial Adviser or an Accountant.

|                        |                      |            |                      |
|------------------------|----------------------|------------|----------------------|
| Name of receiving fund | <input type="text"/> |            |                      |
| Member number*         | <input type="text"/> | Fund SPIN* | <input type="text"/> |
| Fund ABN*              | <input type="text"/> |            |                      |
| Fund postal address    | <input type="text"/> |            |                      |
| Fund contact number    | <input type="text"/> |            |                      |

\*Make sure you provide your Member Number, Fund SPIN and Fund ABN.

#### 3b. Cash payment instructions

Please select your preferred payment option below.

- Please mail a cheque to my current address provided in section 1.
- Please pay to the bank account nominated below. **Note:** we will not make payments to a third party account.

|                               |   |
|-------------------------------|---|
| Name of financial institution | <input type="text"/>  |
| Branch                        | <input type="text"/>  |
| BSB                           | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>   |
| Account number                | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Account name                  | <input type="text"/>  |

### 4. TAX DEDUCTION NOTICE

This section must be completed if you wish to claim a tax deduction for any personal contributions made in the current financial year.

- I am eligible to claim a tax deduction for my personal contributions (please check with your Financial Adviser or Accountant if you are unsure of your eligibility).

Please state the total amount of personal contributions made in the current or previous financial year.

\$

Financial Year

Please state the amount of personal contributions for which you wish to claim a tax deduction.

\$

Financial Year

**Note:** these amounts cannot be changed once you have left the fund.

## 5. PROOF OF IDENTITY

In order for us to process your benefit payment request, we require you to provide us with the following certified copies of identification:

Original Certified Copy of your Driver's Licence or Passport

If Passport or Driver's Licence are not available, please supply 1 document from **List A** and 1 document from **List B**.

### List A

Original Certified Copy of Birth/Citizenship Certificate

Original Certified Copy of Centrelink Pension Card

### List B

Original Certified Copy of Centrelink Payment Letter

Original Certified Copy of Government or Local Council Notice (less than 1 year old) with your current name and address (eg ATO Assessment or Rates Notice from Council).

To avoid any delay in processing your benefit payment request, please make sure you read the **Certification of Personal Documents** and the **Checklist for Certified copies** information in the **Important Notes** section of this form.

**Note:** we may require other proof of identification prior to the release of your superannuation funds.

## 6. 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.
- I discharge TOWER of all further liability in respect of the benefits paid in cash or rolled over to my nominated receiving fund.
- 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.
- I am aware that my withdrawal value is calculated using the latest available unit price at the time of processing the payment.
- I am a Citizen or Permanent resident of Australia or New Zealand.

Before you sign the form please make sure you have:

- Provided all your Personal Details (Section 1)
- Indicated the reason you are withdrawing your benefit (Section 2)
- Provided the correct and full details of the rollover fund or your bank account details (Section 3)
- Completed the Tax Deduction notice (only if you are self-employed and made a personal contribution to your superannuation in the current Financial Year) (Section 4)
- Supplied the required original certified copies of Identification Documents (Section 5)

Name (print in  
BLOCK LETTERS)

Signature

Date

Defer my payment until\*

\* Only complete if you want your payment deferred to a future date

## 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 superannuation benefits, your entitlements under the Fund may cease. You should consider all relevant information before you make a decision to transfer your superannuation. Some of the points you may consider are:

- Fees – TOWER must give you information about any fees that apply when rolling over or withdrawing your superannuation. 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 superannuation savings. For example, a 1% increase in fees may significantly reduce your final benefit.
- Death and disability benefits – through your superannuation policy, TOWER may currently insure you against death, illness or an accident which leaves you unable to return to work. If you choose to withdraw your superannuation benefits from TOWER, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any insurance cover offered.

### 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.

## IMPORTANT NOTES CONTINUED

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 superannuation 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 superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

### What happens to my future contributions?

Using this form to rollover your superannuation benefits will not change the fund to which your employer pays your contributions and may close your account with TOWER. If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [www.ato.gov.au](http://www.ato.gov.au) or call the Australian Taxation Office on 13 10 20.

### Temporary residents – new conditions of release

From 1 April 2009, an individual who has, at any stage, been a temporary resident (i.e., a holder of a temporary visa under the Migration Act 1958, other than a retirement visa holder, subclass 405 or 410) and who is not currently a citizen or a permanent resident of Australia or New Zealand, is only able to withdraw their superannuation benefits under limited conditions of release.

You are normally only allowed to access your benefits after you have permanently departed Australia. In order to access your benefits, you can apply online via the Australian Taxation Office (ATO) website.

Please visit [www.ato.gov.au](http://www.ato.gov.au) and look for the Departing Australia Superannuation Payment (DASP) online form. For more information, contact the ATO on 13 10 20 or +61 2 6216 1111 (if you are calling from overseas).

However, if you are still in Australia and one of the release conditions below apply to you, subject to Trustee assessment and approval, your benefits may be released:

- Death
- Terminal medical condition
- Permanent incapacity
- Temporary incapacity

### 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. Please note that copies of original documents cannot be certified by yourself or a family member.

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:

1. A person enrolled on the Roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
2. A judge of a court;
3. A magistrate;
4. A chief executive officer of a Commonwealth Court;
5. A registrar or deputy registrar of a court;
6. A Justice of the Peace (JP);
7. A notary public for the purposes of the Statutory Declaration Regulations 1993; (see Note 1)
8. A police officer;
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal service to the public;
10. A permanent employee of the Australian Postal Corporation with 2 or more years continuous service who is employed in an office supplying postal services to the public;
11. An Australian consular officer or an Australian diplomatic officer (Within the meaning of the Consular Fees Act 1955);
12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purpose of the Statutory Declaration Regulations, 1993);
13. A finance company officer with 2 or more continuous years of service with one or more finance companies (for the purpose of the Statutory Declaration Regulations, 1993);
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees; and
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

### Checklist for Certified copies:

1. Has the person certifying the document set out the following?
  - Full name (no initials)
  - Business address
  - Capacity in which they can certify the document (category 1-15 above)
  - Daytime telephone number to allow contact by TOWER.
2. Has the person certifying the document written out the following wording (or similar) on the copy of the document?
 

"I certify that I have seen the original documentation and that the photocopy is a true likeness and this copy is a complete and accurate copy of that original"

OR

"I certify that I have seen the original documents and this copy is a complete and accurate copy of that original".
3. Has the person certifying the document set out the following after the certification wording?
  - Signature
  - Date of certification
  - Official stamp if applicable or number such as JP number.

Note 1: A notary public must put their registration number on the certified copy.

### Contact us

Call 1300 209 088  
 Monday to Friday 8.30am-5.30pm (EST)  
 Email: [customerservice@toweraustralia.com.au](mailto:customerservice@toweraustralia.com.au)  
 Website: [www.toweraustralia.com.au](http://www.toweraustralia.com.au)  
 Please return your completed form and any supporting paperwork to:  
 TOWER Australia Limited  
 PO Box 142  
 Milsons Point NSW 1565

\*Please note that we cannot accept faxed or emailed completed forms.