



LIFE INSURANCE

MLC Insurance super withdrawal/rollover

Policy number

Use this form to withdraw/rollover funds from your insurance policy

1. Policy and personal details

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	First name <input type="text"/>
Middle name <input type="text"/>					Last name <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>		Email address <input type="text"/>			
Mobile phone number <input type="text"/>		Home phone number <input type="text"/>		Business phone number <input type="text"/>	

Tax File Number details

Declining to quote your Tax File Number (TFN) is not an offence. However, if you do not quote it, or tell MLC Limited and the Trustee if you are exempt from providing it, MLC Limited and the Trustee will be required to deduct tax at the highest marginal rate, plus Medicare Levy from any withdrawals, and the Australian Taxation Office (ATO) may apply the Superannuation Contributions Tax (Surcharge), regardless of your income level. In some circumstances the additional tax on benefits and the Surcharge may be reclaimed through the ATO.

Under the Superannuation Industry (Supervision) Act 1993, MLC Limited and the Trustee are allowed to use your TFN if paying out monies, identifying and amalgamating superannuation benefits, for Surcharge purposes and for other approved purposes. The approved purposes and the consequences, of not notifying a TFN may change in the future.

Your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed to another superannuation provider if your benefits are being transferred (unless you inform MLC Limited and the Trustee in writing not to pass on your TFN).

Yes ☐ Enter your Tax File Number in the box below No ☐

Tax File Number

Please tick the boxes for the sections you are completing (more than one box can be ticked). You may only need to complete certain sections of this form.

- ☐ **Section 2** - If you are rolling over the amount.
- ☐ **Section 3** - If you are withdrawing the amount in cash.
- ☐ **Section 4** - If you are claiming a tax deduction on any contributions received by us.

You will also need to complete section 5 - Declaration before returning.**The Trustee**

NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465

The Fund

MLC Super Fund
ABN 70 732 426 024

The Insurer

Insurance is issued by MLC Limited
ABN 90 000 000 402 AFSL 230694

NULIS Nominees (Australia) Limited, ABN 80 008 515 633, AFSL 236465 (NULIS) as Trustee of the MLC Super Fund, ABN 70 732 426 024 (the Fund). NULIS is part of IOOF Holdings Ltd ABN 49 100 103 722 and its related bodies corporate (IOOF Group). MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and is not part of the IOOF Group. Any references to 'we', 'us' and 'our' in this form means MLC Limited and Trustee refers to NULIS Nominees (Australia) Limited.



MLC02PT

2. Rollovers only

1. Do you want to have the outstanding balance rolled over?

Yes, to a nominated Super Fund ☐ Please go to question 2

Yes, to my Self-Managed Super Fund ☐ Please go to question 3

No ☐ Please go to section 3

2. Please provide details of the super fund receiving the rollover.

If you do not answer all of the questions below, your rollover may be delayed. This information can be provided by your chosen rollover institution.

Rollover payments cannot be paid directly to you. They must be paid by cheque directly to your chosen rollover institution by us.

Fund name

Fund address

Policy/Member number

Unique Superannuation Identifier (USI)

Australian Business Number (ABN)

3. Please provide details of the Self-Managed super fund receiving the rollover.

If you do not answer all of the questions below, your rollover may be delayed. This information can be provided by your chosen rollover institution.

Rollover payments cannot be paid directly to you. They must be paid by cheque directly to your chosen rollover institution by us.

Fund name

Fund address

Electronic Service Address (ESA)

Australian Business Number (ABN)

BSB number

Account number

3. Withdrawals

If you are withdrawing the funds under a condition of release, you will also need to complete the **Identification Form – Individuals and Sole Traders** available on our website and return it to us together with certified copies of relevant identification documents. The withdrawal will not be able to proceed until we receive this information.

4. Do you want to withdraw the outstanding balance?

Yes ☐ Please go to question 5

No ☐ Please go to section 4

5. How would you like to receive your payment?

This payment option is not available for amounts being rolled over.

By cheque ☐ Please go to question 5

By electronic transfer to my account ☐ Please provide your account details below

Once processed, the money will be paid into your account as cleared funds within two working days. Please note the Trustee can only pay to a bank or investment manager's account in your name or a joint account where you are an account holder.

Financial institution name

Financial institution address

Suburb

State

Postcode

Account name

BSB number

Account number

6. Because the law restricts your ability to withdraw your superannuation benefit, we need to know the reason for your withdrawal.

Tick the reason you are withdrawing your superannuation benefit and follow the instructions next to the box you ticked.

I am aged 55 to 64 and have finished employment and have no intention of being employed again.

☐ Please go to question 6

I am aged 60 to 64 and have left the service of an employer since reaching age 60. I have attached a letter (or other proof) from my previous employer confirming the date I stopped employment.

☐ Please go to question 6

I am aged 65 and over.

☐ Please go to question 7

I have retired due to total and permanent disablement and have stopped work permanently. (Note that the Trustee will request evidence to support your claim. Please call **133 442** for appropriate forms and instructions).

☐ Please go to question 6

I have been granted release from APRA on compassionate grounds and attach the APRA approval.

☐ Please go to question 7

I wish to withdraw money from my restricted non-preserved benefit. I have attached a letter from my previous employer confirming the date I stopped employment and that the employer contributed to the MLC Super Fund on my behalf while I was employed.

☐ Please go to question 6

I am 55 years and 39 weeks (9 months) and have attached a letter issued by Centrelink or Department of Veterans' Affairs confirming that I have been receiving social security or Veterans' Affairs payments for a cumulative period of 39 weeks after turning 55 and I am not currently working.

☐ Please go to question 6

7. Date of retirement or stopping work (DD/MM/YYYY)

4. Claiming a tax deduction

Past Personal Contributions

If you personally contributed to the MLC Super Fund between 1 July 1983 and 30 June 1992, we will assume you have claimed a tax deduction for the whole amount of those contributions unless you advise us otherwise.

From 1 July 1992, unless you advise us otherwise, personal contributions will be treated as undeducted and a tax deduction will not be permitted for these contributions. **This information must be received before you stop being a member of the MLC Super Fund.**

8. Do you wish to claim a tax deduction for personal contributions made to the account in the current or previous financial year?

No ☐ Please go to question 10

Yes ☐ Please read the following and complete the table on the next page.

Generally, if your employer is contributing to superannuation for you, you are not entitled to claim a tax deduction. A personal superannuation contribution can be claimed as a tax deduction if:

- you are substantially self-employed (you earn less than 10% of your assessable income from an employer); or
- you are an employee and your employer does not, and is not required by law, to provide you with any superannuation support.

If you need further information about claiming a tax deduction, please contact the ATO.

In the table below, show the amounts of contributions for the current and previous financial years

Contribution type	Current financial year	Previous financial year
A Member contribution Contributions you have made to your own policy.		
B Other contributions made by: <ul style="list-style-type: none">• your spouse (other than as your employer), or• if you are under 18 years of age, someone other than your employer.		
C Employer contributions made by: <ul style="list-style-type: none">• your employer, or• if you are 18 years of age or over, someone other than your employer.		
D Government co-contributions Co-contributions made by the government, provided you meet the eligibility* conditions.		
Total contributions received by us		

*Please contact your financial adviser or visit the ATO website ato.gov.au to determine your eligibility.

9. If you have advised member contributions in A of question 8, please nominate below the amount you intend to claim as a tax deduction.

Contribution type	Current financial year	Previous financial year
	\$	\$

10. Before sending this withdrawal form to us, please check you have:

☐ Completed all required sections of the form. ☐ Signed and dated the declaration on the following page.

Please note that failure to complete all required sections of this form may result in your withdrawal being delayed.

5. Declaration

The answers I have given in this form are true.

I understand that this application will generate a withdrawal from my eligible MLC super or MLC pension account.

I am aware that I may ask for any information that I reasonably require for the purpose of understanding the effects on my benefit entitlement prior to rolling over my benefits. This includes information on fees, charges, effect on insurance cover (if applicable) and any other matter that I may require.

I declare that I require no such information and wish to transfer my benefits according to my instructions.

I am aware of any exit fee that may apply to this rollover or withdrawal and understand that any such fee will be deducted before the rollover or withdrawal is paid.

I am aware that this withdrawal may cause insurance cover (if any) to lapse, unless I establish an alternative payment method.

I have not previously submitted a Superannuation Contributions Tax Deduction Eligibility S.290–170 Form which included this amount. The amounts shown cannot be changed once this form is submitted.

Applicant's signature

	Date (DD/MM/YY)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Penalties may apply if a declaration is false.

This information is of a general nature only. We recommend you seek professional advice regarding your own taxation position.

6. Send us your form

Please send your completed form to us at:

MLC Life Insurance - Operations
PO BOX 23455
Docklands VIC 3008

Email: enquiries.retail@mlcinsurance.com.au