

# **Super Cash Withdrawal Request**

Policy number

Case number

Please read the Important information on page 8 before making your withdrawal. For rollovers, please use the Rollover Request form available on micinsurance.com.au

For withdrawals due to financial hardship/compassionate grounds, permanent disability or terminal illness, please use the relevant form available on mlcinsurance.com.au/proof-of-identity

#### We can only accept your request if the form is correctly completed. We respect your privacy and handle your information in accordance with our privacy policy, available on mlcinsurance.com.au/privacy-policy

### Section 1: Your account details

		Firs	st name		
Mr Mrs Miss N	Is Other				
Middle name		Las	st name		
Date of birth (DD/MM/YYYY)	Email				
Home telephone	Business	telephone		Mobile	
Residential address (we can't ac	cept a PO Box)				
Unit number Street number	Street nam	e			
Suburb		State	Postcode	Country	
Postal address (if different to resid	dential)				
Unit number Street number	PO Box	Street nar	ne		
Suburb		State	Postcode	Country	
The Trustee		The Fund		The Insurer	
NULIS Nominees (Aus ABN 80 008 515 633 A	,	MLC Super Fu ABN 70 732 42		Insurance is issued by MLC Limited ABN 90 000 000 402 AFSL 230694	
(IOOF Group). Referen	ces to 'we', 'us' or	'our' are reference	s to the MLC Li	722 and its related bodies corporate mited and the Trustee refers to	



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NULIS Nominees (Australia) Limited. MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the IOOF Group.

### Section 1: Your account details continued

### For Sole Traders

If you're a Sole Trader, please provide the information below.

Business name (if any)

Address of principal place of business (if different to residential address above). We can't accept a PO Box

Unit number	Street number	Street nam	е		
Suburb			State	Postcode	Country
Australian Business	Number (ABN) (if an	y)			

### Section 2: Your Tax File Number (TFN)

Have you previously provided us with your TFN?

No Please write your Tax File Number in the box provided below.

Yes Please go to Section 3.

#### Tax File Number (TFN)

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	 1.1			
<u> </u>	 	<u>.                                    </u>	 	

### You don't have to provide your TFN, and it isn't an offence if you don't, however, if you don't:

- personal contributions will be rejected,
- additional tax will apply to employer and salary sacrifice contributions,
- any withdrawals may be taxed at the highest marginal tax rate inclusive of the Medicare levy.

Your TFN is confidential, and we are authorised to collect and disclose your TFN under the Superannuation Industry (Supervision) Act 1993 and Privacy Act. We may use your TFN only for lawful reasons, in paying out money, identifying or combining superannuation benefits. Your TFN may be disclosed to the trustee of another Fund or RSA provider if your benefits are transferred, unless your request in writing for it not to be disclosed.

Please go to Section 3.

### **Section 3: Your contributions**

If you're invested in a **Whole of Life, Endowment** or **Pure Endowment** policy, unless we are advised otherwise, all contributions will be treated as personal contributions for which you are not claiming a tax deduction.

In the table below, show the contribution type and amount for the current and previous financial years.

If you have pre-tax salary sacrifice contributions included in the Employer contributions row in the table below you must update the figures, providing us with a breakdown between pre-tax salary sacrifice and all employer contributions.

Contribution type	Current financial year 1/7/ – 30/6/	Previous financial year 1/7/ – 30/6/
Personal contributions	\$	\$
Other contributions	\$	\$
Employer contributions	\$	\$
Pre-tax salary sacrifice contributions	\$	\$
Total contributions	\$	\$

### Section 4: Claiming a tax deduction for personal contributions

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

No Please go to Section 5.

Please complete and return a Notice of Intent to Claim or Vary a Deduction for Personal Super Contributions form.

Please go to Section 5.

### Section 5: Your cash withdrawal details

#### **Residency status**

Are you:

Yes

- an Australian citizen, or
- a New Zealand citizen, or
- the holder of a retirement visa subclass 405 or 410, or
- a permanent Australian resident?

No

Yes

We'll need a **Departing Australia Superannuation Payment Withdrawal** form to process your request. Contact us on **136 525** for details.

Please choose the relevant reason for cash withdrawal.

#### **Reason for cash withdrawal**

If you don't meet any of these conditions, you won't be able to make a cash withdrawal. Please see **page 8 Important** information for more details on cash withdrawals.

#### Please select one of the following reasons for your withdrawal:

I have reached preservation age and intend never again to	become gaintuity employed for more than 10 hours per wee
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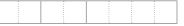
My date	of retire	ment	was	(DD/I	MM/YYYY)

I have reached age 65.

I wish to withdraw 'unrestricted non-preserved' money.

- My account balance is less than \$200.00 and my total preserved benefit is less than \$200.00. I have ceased employment with the sponsoring employer of this fund.
- I'm aged 60 to 64 and have left the service of an employer since reaching the age of 60.

Date left employer was	(DD/MM/YYYY)
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#### If you choose the reasons below we'll need supporting documentation to process your withdrawal.

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

Please go to Section 6.

### Section 6: Cash withdrawal amount

If you're closing your MLC account, please read the Important information on page 8.

-	des a <b>protected investment option, please tick the box</b> to confirm you've checked your d that if you exceed the amount available for withdrawal, this will impact the protection on.
How much of your investm	ent do you want to withdraw?
Full withdrawal	Please go to Section 7.
Part withdrawal	Please specify the amount required \$
	A part withdrawal will be taken out of the taxable and tax-free components in proportion to those components at the time of the withdrawal.
	Tax deduction restrictions may apply to your part withdrawal.
	For all MasterKey products please complete the Investment options details below.
Investment options	
From which investment op	tions do you wish to deduct your partial withdrawal?
Pro rata across all investment options	Please go to Section 7.
From specific investment options	If relevant, please complete the table below.

Please note that if no selection is made, your withdrawal will be made pro rata across all investment options.

Please write the full name of the investment option	Percentage	Amount
	%	\$
	%	\$
	%	\$
	%	\$
	%	\$
	%	\$

Please go to Section 7.

### Section 7: Your payment details

How would you like to receive your payment?

By cheque

Please go to Section 8.

By electronic transfer

Please provide your bank details below. We can only transfer to an Australian bank account in your name or a joint name where you're an account holder.

Name of financial institution / bank

#### Name of account holder(s)

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BSB					ACC	ount	nun	nber				
			-									

Please go to Section 8.

### Section 8: Proof of identity

We'll need proof of identity in order to process your cash withdrawal unless you have provided us with current ID, or your account was opened before 12 December 2007. If identification is required, your financial adviser can also verify your identity (see **Section 11**). Please attach certified copies of the relevant documents to this form.

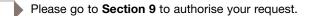
I have not previously provided identification to the Trustee and my account was opened on or after 12 December 2007, or I have changed my personal details in the last three months.

I have provided the Trustee with identification documentations for this account, and that documentation is still current.

	I	opened	my	account	before	12	December	2007.
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	Pease provide	the ide	entification	from	List '	1, 2	or 3	below.
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Please go to **Section 9** to authorise your request.



These documents must be certified. We'll need to receive an original or certified copy of original document(s) via mail before we can process your request. Identification documents sent to us via email or fax will not be accepted. Please see **Important information** on page 8 or go to mlcinsurance.com.au/proof-of-identity for the Proof of Identity guide which includes a more detailed list of certifiers.

#### List 1 – Acceptable primary Australian and foreign ID documents

Tick (✔)	Provide ONE certified document from this list. If you don't own a document from this list, you'll need to provide 2 documents from List 2 or 2 documents from List 3.	
	Australian State/Territory driver's licence containing a photograph of the person	
	Australian Passport (a passport that has expired within the preceding 2 years is acceptable)	
	Australian card issued under a State or Territory for the purpose of proving a person's age and containing a photograph of the person	
	Foreign passport or similar travel document containing a photograph and the signature of the person*	

### OR

### List 2 – Acceptable secondary Australian ID documents.

#### Provide TWO documents from this section. One from Part A and one from Part B.

Tick (✓)	Part A – Provide ONE certified document from these options	
	Australian birth certificate	
	Australian citizenship certificate	
	An Australian pension card, health care card or senior health care card issued by the Department of Human Services / Centrelink or the Department of Veteran Affairs.	

#### AND

Tick (🗸)	Part B – Provide ONE certified document from these options	
	A document issued by the Australian Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address	
	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address	
	A document issued by an Australian local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)	
	If under the age of 18, a notice that was issued to the individual by a school principal within the preceding 3 months and contains the name and residential address and records the period of time that the individual attended that school	

### Section 8: Proof of identity continued

Tick (🗸)	Provide certified copies of BOTH documents listed below.
	Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*
	Foreign national identity card issued by a foreign government containing a photograph of the person in whose name the card was issued *

\* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Please go to Section 9 to authorise this transaction.

### Section 9: Your agreement and declaration

### l agree:

- If my completed request is received before 3.00 pm AEST/ AEDT, it will usually be processed using the unit price for that business day (which is calculated at the end of the day).
- If my completed request is received after 3.00 pm AEST/ AEDT, it will usually be treated as having been received the next business day.
- Where I have invested into an illiquid investment option, or an investment option I have has become illiquid, we may take longer than 30 days to transfer out of the investment option.
- If my policy has an insurance component any withdrawal may affect the value of my policy and/or current insurance cover.

There are times when we might not be able to process your withdrawal instructions, for example when:

- there are liquidity issues in the investment,
- the fund manager suspends transactions,
- we can't obtain a price,
- the instruction is incomplete, and,
- unforeseen circumstances prevent us from using our administration systems.

Before requesting this withdrawal I have considered the information in the relevant **Product Disclosure Statement** and/or **Annual Report** about the investment options I have selected. I have also reviewed the information on the management of my account in the **How to Guide** or **Product Disclosure Statement**. These documents are available on **mlcinsurance.com.au/proof-of-identity** or by contacting us.

### Signature of Investor or Attorney

Name

V	Date (DD/MM/YY)
<b>^</b>	

### **NAB Term Deposits**

I understand NAB Term Deposits are invested for a fixed term Early access to part or all of my investment prior to maturity will:

- require 31 days notice, in addition to our processing time, and
- potentially be subject to a reduced amount of interest to offset the costs to NAB of the early withdrawal.

Withdrawal requests that reduce the minimum of my other investment option(s) below 10% of my account balance may not be processed.

#### MLC MasterKey Business Super account closures

The Trustee can't process my request until my employer confirms all outstanding contributions have been received.

#### Exit fees

Any exit fees relevant to my withdrawal will be deducted from my account. For more details, please see **Important information** on **page 8**.

#### **UK** pension transfers

I understand that if part of my benefit contains a UK transfer amount, there may be UK tax implications.

**If signed under Power of Attorney:** Attorneys must attach a certified copy of the Power of Attorney and identification for themselves (go to **mlcinsurance.com.au/proof-of-identity** to download the relevant identification form) if not already supplied. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Power of Attorney documents can't be faxed.

## Section 10: Send us your form

Please return your completed, signed and dated form to:

MLC Life Insurance Claims Support PO Box 23314 Docklands VIC 3008

### Email: claims.retail@mlcinsurance.com.au

If you have any questions, please contact your financial adviser or call us on **1300 125 246**, 8.30am to 6pm AEST, Monday to Friday.

### Section 11: Financial adviser details

### Listed servicing adviser use only. Third party adviser not accepted.

When lodging this request, please either:

Provide certified copies of the member's identification documents, or

Complete the record of identification details below.

Record of Identification	Document 1	Document 2	Document 2	
Verified from	Original	rtified Copy Original	Certified Copy	
Document issuer				
Issue Date				
Expiry Date				
Document number				
Accredited English translation	N/A Sig	hted N/A	Sighted	
Name of financial adviser				
Division number Adviser number				
Contact telephone number (business hours) Fax number				
Email				

### Important information

## Please check through the following items which may help highlight some issues you need to take into consideration before making your withdrawal.

### 1. Are you closing your account with us?

### If you have insurance

If you have premiums for any MLC insurance deducted from the account you want to close, your withdrawal may cause this insurance to be cancelled. Please call us to check if you're eligible to continue this insurance, and discuss your payment options.

### If you've made personal contributions

If you've made personal contributions and believe you are eligible to receive unpaid government co-contributions, you should advise the Australian Taxation Office (ATO) on 131 020 of an alternative superannuation fund.

## If you wish to split current year concessional contributions to your spouse

If you want to split current year concessional contributions to your spouse, or if you wish to split prior year concessional contributions to your spouse, you'll need to submit a Contributions splitting application form with your withdrawal form. This form is available on **mlcinsurance.com.au** 

## If you're closing an MLC MasterKey Business Super account

Before processing your request, we'll need to contact your employer to confirm your employment status and that no further employer contributions are due to be paid into your account.

### 2. Cash withdrawal

You can withdraw your unrestricted non-preserved benefit at any time.

Preserved and restricted non-preserved benefits are benefits that can't be cashed until you've met one of the conditions listed on this form. You can also find out more about accessing your super on **ato.gov.au** 

If you're only partially cashing your benefit, your unrestricted and restricted non-preserved benefits must be paid before your preserved benefits.

### Your preservation age is:

Date of birth	<b>Preservation age</b>
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
After 30 June 1964	60

### 3. Exit fees

Exit fees may apply to certain products. Please check your last statement, **mlcinsurance.com.au** or call us on **136 525** to see if they are applicable to your account before submitting your request.

### 4. Proof of identity – certification

You'll need to get your proof of identity documents certified by a person authorised to certify identification documents, under the Statutory Declaration Regulations (1993).

A person approved to certify identification documents must provide the following information:

If single page: This is to certify this is a true copy of the original which I have sighted.

**If multiple pages**: I certify that this and the following (number of pages) are a true copy of the original which I have sighted. Each following page must be initialled and dated.

- Write their:
  - full name
  - contact address and telephone number
  - date of certification
  - signature
- The capacity in which they have certified the document (eg Justice of the Peace, registered pharmacist, judge, magistrate, police officer etc)
- Add the official stamp or seal of the certifier's organisation.

A full list of people authorised to certify documents is available in the Proof of identity guide on **mlcinsurance.com.** au/proof-of-identity