

Withdrawal/Roll-out form

Use this form to exercise the 14 day cooling off period

- Members have a 14 day 'cooling off' period after commencing participation in Enterprise Plan to withdraw membership or roll monies back to the 'origin' superannuation fund.
- The 14-day cooling-off period applies from the earlier of five days from the date your application is accepted or the date the Fund confirms your membership. During this period you may request the Trustee to cancel your Enterprise Plan membership and have any contributions (including Rollovers In) repaid (subject to preservation rules).
- The Fund will not deduct any fees from the amount of the repayment. The amount of repayment may, however, be adjusted to take account of any increase or decrease in investment value and any taxes payable in respect of contributions made.
- Contributions made that are subject to preservation requirements cannot be repaid in cash but must be transferred to another complying superannuation fund.
- If the Trustee is written to requesting monies be returned and a suitable complying superannuation fund is not provided within 28 days, these contribution monies will be transferred to the Fund's Eligible Rollover fund (ERF). Refer to the Product Disclosure Statement for details.

1 Your personal details

| | | | | |
|----------------------|------------------------|----------------------|------------------------|------------------------|
| Member number | | Date | of birth | |
| <input type="text"/> | - <input type="text"/> | <input type="text"/> | / <input type="text"/> | / <input type="text"/> |
| Given name(s) | | Surname | | |
| <input type="text"/> | | <input type="text"/> | | |
| Residential address | | | | |
| <input type="text"/> | | | | |
| State | Postcode | Phone number | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Email | | | | |
| <input type="text"/> | | | | |

2 Tax file number (TFN) or exemption*

| | |
|----------------------|----------------------|
| TFN | OR exemption reason |
| <input type="text"/> | <input type="text"/> |

OR

I do not wish to quote a TFN or exemption reason.

* In order to receive any tax concessions available in relation to your entitlement, you are required to quote your TFN. It is not compulsory to quote your TFN, however if your TFN is not quoted, the Trustee is obliged to deduct PAYG Tax from the relevant part of your benefit at the top marginal rate.

3 Withdrawal type

| | |
|-------|---|
| Y / N | Full or partial rollover of funds to other superannuation fund or self-managed superannuation fund (SMSF). If rolling over to a SMSF, you must ensure you are registered as a member and trustee on the Australian Tax Office's (ATO) SMSF register |
| Y / N | Full cash withdrawal (account closure) ► Proceed to Section 6. Note: Any cash payment will require condition of release and certified identification requirements to be met |

4 Rollover fund details (Complete only if you are transferring to another superannuation fund or SMSF)

| | | | |
|--------------------------|---|----------------------|--|
| Fund name | | Fund address | |
| <input type="text"/> | | <input type="text"/> | |
| Fund ABN | Superannuation product ID number (SPIN/USI) | Fund USI | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Other Fund Member number | | | |
| <input type="text"/> | | | |

5 Cash withdrawal – Condition of release and other requirements

Please indicate below which withdrawal situation is relevant to you. Generally, you are unable to access superannuation benefits until you reach preservation age and retire, however there are some special limited circumstances which enable you to access benefits earlier. The Trustee is required to confirm your eligibility to access your superannuation benefits.

| | Documentation required to be returned with this form |
|--|---|
| I am over 65 years of age. ► Proceed to Sections 6, 7, 8 and 9. | Originally certified identification*. |
| I am aged between 55 and 64 (inclusive), reached preservation age and have retired. (Where you have ceased employment and have no intention of employment in the future which exceeds 10 hours per week.) Date of retirement: / / ► Proceed to Sections 6, 7, 8 and 9. | Originally certified identification*. Statutory declaration declaring you have no intention of working again. Proof of termination of employment. |
| I have terminated an employment contract and my account balance does not exceed \$200. ► Proceed to Sections 6, 7, 8 and 9. | Originally certified identification*. Proof of termination of employment. |
| I have terminated an employment contract between age 60 and 64 (inclusive). ► Proceed to Sections 6, 7, 8 and 9. (Where you have ceased gainful employment with an employer after turning 60 and have no intention of employment in the future which exceeds 10 hours per week.) | Originally certified identification*. Proof of termination of employment. |

6 Payment details

- I would like my funds rolled over to another superannuation fund. **Refer to Section 5.**
- I would like payment made into my bank account by electronic funds transfer (EFT) Refer to Section 7
- Note:** Any cash payment will require condition of release and certified identification requirements to be met

7 Bank account details

Name of financial institution

Branch

BSB

Account number

Account name

Note: The Trustee will need to confirm your bank details for this payment to proceed. Please attach a copy of the top of your bank statement which verifies the information entered above.

8 Checklist

- I have completed all of the required sections of this form, and provided all necessary documents, and signed and dated the declaration. **Refer Section 9.**
- I have attached an original **copy of certified identification*** to this form (*applicable for a cash payment*). *An ID requirements checklist factsheet on proof of identity can be found on the forms and publications page of the website www.enterpriseplan.com.au
- If I have elected to have payment made to my bank account, I have attached a **copy or part of my bank, building society or credit union account statement** showing my full name and account details.

9 Declaration and signature

- I am aware of and do not require any information on the impact of this payment on my superannuation benefits.
- I am aware of any fees and charges that may apply.
- I declare that I have read this form completely and the information I have entered is true and correct.
- I am aware that I am exercising the 14 day cooling off period, and wish to cancel my membership in Enterprise Plan.
- I request payment to be made in the manner indicated on this form and accompanying material, and I understand that this withdrawal may cause my insurance cover (if any) to lapse.
- I understand that fees will not be deducted from the repayment, however there may be an adjustment to take account of any increase or decrease in investment value and any taxes payable in respect of contributions made, and I have read and understood the information regarding TFNs in Section 3 of this form.
- I understand that if any of the contributions are subject to preservation requirements, the monies must be transferred to another complying superannuation fund, and if instructions are not received, these monies will be transferred to the Fund's Eligible Rollover Fund.

Full name

Signature

Date

 / /

Please send the completed form and documentation to: Enterprise Plan, PO Box 1282, Albury NSW 2640.

Privacy policy

The information you are providing in this form is subject to the Privacy Amendment (Private Sector) Act 2000. The Act sets out principles for dealing with personal information which includes standards for collection, storage, accuracy and use of information and for disclosure required by the Australian Tax Office as well as your right to access your personal information which we hold. Enterprise Plan has developed policies for complying with this legislation which you may view on request.

Contact us

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Website: enterpriseplan.com.au

The information in this document has been prepared by OneVue Super Services Pty Ltd ABN (74 006 877 872), AFSL 246883 as the Fund Administrator. It is intended to provide you with general information only and does not take into account your personal objectives, financial situation and needs. Before making any decisions regarding your benefits in **Enterprise Plan sub Fund of the Executive Super Fund** ABN 60 998 717 367 (the Fund) it is important that you consider the current Product Disclosure Statement (PDS) relevant to your category of membership having regard to your own situation and needs. Copies of the various PDS' are available on the Enterprise Plan's website www.enterpriseplan.com.au. You should consult a licensed or authorised financial adviser if you require advice that takes into account your personal circumstances.