

Withdrawal/Roll-out form

Before transferring superannuation benefits or making a withdrawal from Enterprise Plan, you should consider:

- Exit fees and any costs, as well as benefits you may be losing, such as insurance
- Investment performance, and whether you should seek professional advice
- If you intend to make an application to 'split contributions', this should be made before any withdrawal from the Plan (otherwise the contribution split cannot occur)
- A checklist has been provided in Section 10. In order to ensure any withdrawal from the Plan can be completed in a timely manner, please ensure that all required documentation is attached to this form.

1 Your personal details

Member number - Date of birth / /

Given name(s) Surname

Residential address

State Postcode Phone number

Email

2 Residency status

You must confirm your residency status. Certain conditions apply to temporary residents.

- I am an Australian or New Zealand citizen.
- I am currently or have previously been in Australia on a temporary resident visa*.

Visa sub class

* A temporary resident visa is a visa issued under the Migration Act 1958 that allows a person to remain in Australia during a specified period; until a specified event happens; or while the holder has a specified status. You may be restricted to certain conditions of release if you are or were a temporary visa holder.

3 Tax file number (TFN) or exemption*

TFN OR exemption reason

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.

4 Withdrawal type

\$	Partial cash withdrawal ► Proceed to Section 6.
Y / N	Full cash withdrawal (account closure) ► Proceed to Section 6.
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 ► Proceed to Section 5

5 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"/>	

Partial rollover

If you are making a partial rollover out to another fund, please nominate the investment option, that you wish monies to be withdrawn from.

(If you do not enter details below your rollover monies will be redeemed based on your current investment options on a pro-rata basis).

Investment option	Amount
	\$
	\$
TOTAL	\$

► **Proceed to Section 10**

6 Cash withdrawal details

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 withdrawing an unrestricted non-preserved amount. ► Proceed to Sections 8, 9, 10 and 11.	Originally certified identification*.
I am over 65 years of age. ► Proceed to Sections 8, 9, 10 and 11.	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 8, 9, 10 and 11.	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 8, 9, 10 and 11.	Originally certified identification*. Proof of termination of employment.

<p>I have terminated an employment contract between age 60 and 64 (inclusive). ► Proceed to Sections 8, 9, 10 and 11.</p> <p>(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.)</p>	<p>Originally certified identification*. Proof of termination of employment.</p>
<p>I am withdrawing on the grounds of severe financial hardship. ► Proceed to Section 7.</p> <p>► Phone 1800 640 055 or email service@supermanagers.com.au for the necessary forms and instructions to be forwarded to you</p>	<p>Originally certified identification*. Financial hardship application form. Proof of financial hardship.</p>
<p>I am withdrawing on compassionate grounds.</p> <p>By completing this option, you confirm you have applied to the Department of Human Services (DHS) for early release of superannuation benefits on specified grounds, and note your withdrawal will not be processed until the DHS have contacted the Trustee directly.</p>	<p>Originally certified identification* AND letter has been provided to the super fund by DHS.</p>
<p>I am permanently incapacitated.</p> <p>Permanent incapacity means that you are unlikely, because of ill health (physical or mental) to ever engage in gainful employment of the type for which you are reasonably qualified by education, training or experience. At least two medical practitioners must certify this.</p> <p>Date you last worked: / /</p> <p>► Phone 1800 640 055 or email service@supermanagers.com.au for the necessary forms and instructions to be forwarded to you.</p>	<p>Permanent incapacity/Total & Permanent Incapacity Claim Pack.</p>
<p>I am suffering from a terminal medical condition.</p> <p>► Phone 1800 640 055 or email service@supermanagers.com.au for the necessary form and instructions to be forwarded to you.</p>	<p>Original certified identification*. Two medical certificates from registered medical practitioners certifying that your illness or injury is likely to result in your death within 12 months. One of the medical certificates must be from a specialist practicing in the area related to your illness or injury.</p>

7 Financial hardship

To be eligible to claim severe financial hardship and be entitled to the early release of certain superannuation benefits you must prove that you are unable to meet reasonable and immediate family expenses.

The Trustee requires the following to determine your eligibility:

- Completion of the financial hardship withdrawal form.
- Evidence from Centrelink or the Department of Veteran Affairs confirming your Customer Registration Number (CRN) and that you have been receiving income support for 26 consecutive weeks and are still receiving payments
- Income and expenditure Information including certified copies of bill receipts and information to verify your immediate financial hardship claim amount.

Contact Enterprise Plan Member Services on 1800 640 055 or service@supermanagers.com.au if you believe you meet the above criteria.

Note

Only one lump-sum payment for financial hardship can be made in any 12 month period. The minimum amount that can be paid is \$1,000 (unless your super interest is less than this amount) and the maximum amount payable is \$10,000

8 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)
- Please pay the partial amount gross of tax Please pay the partial amount net of tax

► **Proceed to Section 9**

9 Bank account details

Name of financial institution

Branch

BSB

Account number

Account name

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.

10 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 11.**
- I have attached an original **copy of certified identification*** to this form (if applicable). ***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.
- If I am withdrawing on grounds of termination of employment I have attached required **employment termination evidence**.
- If I am withdrawing on the grounds of permanent incapacity or terminal illness, I have attached submitted the required **medical statements and required medical evidence**. Refer Section 6.

11 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 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, unless I establish an alternative payment method.
- I understand tax may be deducted from the withdrawal, and I have read and understood the information regarding TFNs in Section 3 of this form.
- I understand that if applicable, it is my responsibility to notify Centrelink of any payments I receive.

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

Phone: 1800 816 575

Email: service@supermanagers.com.au

Website: www.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.