legalsuper

Benefit payment request (Superannuation)

Please use **BLOCK letters and black ink** when completing this form. Read all the information on the back of this form to help you complete your benefit payment request correctly. This request will be invalid if unsigned or undated and will be returned to you for completion. Attach any associated documentation before returning it to legalsuper.

1. Personal details

Membership number

Date of birth (dd/mm/yyyy)

Mr   Mrs   Ms   Miss   Dr   Justice

Surname

Given names

Street/Unit No.

Street name

Suburb/Town/City

State   Postcode

Occupation

Telephone (daytime contact)

Email

Trading name of last employer to contribute to legalsuper on your behalf

Is this your current employer?

Yes   No

Date left employment (if applicable) (dd/mm/yyyy)

2. Tax file number (TFN) details

Under the *Superannuation Industry (Supervision) Act 1993,* legalsuper is authorised to collect, use and disclose your TFN.

legalsuper may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request legalsuper, in writing, not to disclose your TFN to any other superannuation provider.

Declining to quote your TFN to legalsuper is not an offence. However, giving your TFN to legalsuper will have the following advantages:

- legalsuper will be able to accept all permitted types of contributions to your account/s;
- other than the tax that may ordinarily apply, you will not pay more tax than you need to. This affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits; and
- it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I agree to provide my tax file number:

Yes, my TFN is

No   Already provided

3. Payment Amount

Important Notice: If you intend to claim a tax deduction for personal contributions made in this, or last year's financial year , you should do so before you request a benefit payment. You may not be able to claim a tax deduction if you proceed with this request.

Full benefit   OR

Partial benefit $.

Partial payments must be paid in proportion to your legalsuper account's taxable and tax-free components.

4. Payment type

Please complete the section that applies to you.

4a. Transfer to legalsuper pension

To transfer all or part of your balance into a legalsuper pension, please complete a *Pension membership application* form located in legalsuper's Pension Product Disclosure Statement which can be obtained at **legalsuper.com.au** or by calling **1800 060 312** (8am to 8pm [AEST] Monday to Friday).

4b. Cash payment

A.   Retirement

B.   Compassionate Grounds

C.   Unrestricted Non-preserved Benefit

If you would like your payment deposited into your bank account, please provide the following bank details:

Account name

BSB

Account No.

Note:

Please provide a copy of your bank statement so we can verify that the above details you have provided are correct. If we are unable to verify your bank details, we will be unable to process your payment as an EFT payment and will issue a cheque instead.

The bank statement provided must be no more than 12 months old and the name on the statement must match what we have on record for your account. legalsuper will only pay a benefit into an account held in your name or jointly in your name.

If applicable, any cheques payable will only be paid and sent to the address on file.

4c. Rollover fund details

If you have requested a partial transfer and you wish to select the amount of unrestricted benefits to transfer, contact legalsuper before completing this form.

Name of rollover fund

Member policy/Plan number (if known)

Rollover fund ABN (required if rollover is to a superannuation fund)

[ ][ ][ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

Fund USI or SPIN number (please obtain this number from the rollover fund)

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Electronic service address
(applicable to Self Managed Super Funds)

[   ]

To transfer your balance to a Self Managed Super Fund (SMSF), please complete the following SMSF bank details:

SMSF account name
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

SMSF BSB number
[ ][ ][ ] [ ][ ][ ]

SMSF account number

Note:

Please provide a copy of your SMSF bank statement* or your SMSF welcome letter from your bank* so we can verify that the above details you have provided are correct.

*These documents must not be more than 12 months old.

5. Retirement declaration

I declare that I am:

A. [ ] of preservation age* or over and have permanently retired**

B. [ ] age 60 or over and have ceased an employment arrangement after turning 60

C. [ ] age 65 or over (NB: you can still be working)

If you ticked box A or box B above, please provide the date you ceased employment (if applicable) (dd/mm/yyyy)

[ ][ ] [ ][ ] [ ][ ][ ][ ]

* Your preservation age will be between 55 and 60 depending on your date of birth. Please refer to your legalsuper Product Disclosure Statement for further information.

** Permanently retired is defined as never being gainfully employed again for more than 10 hours per week. Gainful employment means employed or self-employed for gain or reward in any business, profession, calling, occupation or employment.

6. Privacy

Please note that by sending legalsuper personal information about yourself, you are agreeing to the following:

1. That you have read the legalsuper Privacy Policy and understand how legalsuper intends to protect your personal details, particularly in relation to collection, storage, quality, use and disclosure (sharing) of personal information.

2. legalsuper can use your personal information for the purposes or running your superannuation account and confirming your identity.

If you would like more information on privacy law requirements or a copy of legalsuper's Privacy Policy, please call legalsuper on freecall **1800 060 312** (8am to 8pm [AEST] Monday to Friday).

7. Cash payment declaration

I declare that I am:

A. [ ] an Australian citizen, New Zealand citizen or permanent resident of Australia; or

B. [ ] a temporary resident and I hold a Subclass 405 (Investor) or Subclass 410 (Retirement) Visa.

If neither of the above applies to you, contact legalsuper for assistance.

8. Proof of identity

A. Cash withdrawals or rollovers to SMSFs

Complete this section if you are taking your benefit as a cash withdrawal or rollover to your SMSF. **Select either Option 1 or Option 2 in the next column.**

Option 1: Use electronic verification to prove identity.

[ ] By providing you my Medicare, driver's licence or Australian passport details below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification using reliable and independent data sources. I understand the Fund uses a third party for this purpose.

Important: Make sure the details you provide are accurate. If your personal details provided at the start of this form do not match your electronic identification details, we won't be able to prove your identity which will delay processing your request.

You must provide details of at least two of the following documents:

Document 1: Australian driver's licence

First name as shown on your licence:
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Surname as shown on your licence:
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Australian driver's licence number:
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Card number*
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Expiry date: (dd/mm/yyyy)
[ ][ ] [ ][ ] [ ][ ][ ][ ]

State of issue:
[ ][ ][ ]

*Card number location on licences vary from state to state. If you cannot locate yours, please check with your state authority.

Document 2: Australian passport

Given name/s (including middle name) as shown on your passport:
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Surname as shown on your passport:
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Australian passport number:
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Place of birth as shown on your passport:
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Country of birth (not shown on passport):
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Family name at birth (not shown on passport):
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Document 3: Medicare card

Full name as shown on your Medicare card, including initials:
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Card number:
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Valid to: (mm/yyyy)
[ ][ ] [ ][ ][ ][ ]

I am person number [ ] on this card

Option 2: Provide certified printed copies of identification documents*

[ ] I have attached copies of my certified proof of identity with this form.

* Please see section 8B below for more details of acceptable documentation and certification.

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☐ **Consent for electronic verification if the printed documents provided are incorrectly certified or unable to be read****

If my identification documentation has not been certified correctly or is unable to be read, I understand legalsuper may use the information from the documents in conjunction with the information on this form to verify my identity electronically using independent data sources. I understand legalsuper uses a third party for this purpose.

** if the consent box is not checked, then we will not use electronic verification to confirm your identity. We will notify you of any outstanding identification requirements, that will need to be sent back to us (if required).

B. Payments other than cash withdrawals or rollovers to SMSFs

For benefit payments other than cash withdrawals or rollovers to your SMSF, you will need to submit acceptable proof of identity with your application form. legalsuper requires that you obtain certified copies of your original documents.

Completing proof of identity requirements

You will need to provide certified documentation with this request to prove you are the person to whom the entitlements claimed belong.

legalsuper will accept:

ONE OF THE FOLLOWING DOCUMENTS ONLY:

a. driver's licence issued under State or Territory law; or

b. passport.

OR

ONE OF EACH OF THE FOLLOWING:

• notice issued by Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address;

• a bank statement or utility notice with your current mailing address.

A *certified copy* means a document that has been certified as a true copy of an original document by one of the following persons:

• a person who is enrolled on the roll of Supreme Court of a State or Territory, or the High Court of Australia, a a legal practitioner (however described);

• a judge of a court;

• a magistrate;

• a chief executive officer of a Commonwealth court;

• a registrar or deputy registrar of a court;

• a Justice of the Peace;

• a notary public (for the purposes of the *Statutory Declarations Regulations 2018*);

• a police officer;

• an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;

• a permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in a office supplying postal services to the public;

• an Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*);

• an officer with 5 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declarations Regulations 2018*); or

• a member of the Institute of Chartered Accountants in Australia and New Zealand, CPA Australia, the Association of Taxation and Management Accountants or the Institute of Public Accountants.

The certification should be dated and include the full name (both in print and signature), telephone number and type of authority (from above list) of the person certifying.

The document bearing the original certifying signature must be received by legalsuper, either by email or post.

Although they may be qualifying members of the legal profession, members (as well as their family members) cannot certify their own documents.

9. Declaration

• I acknowledge that if I am invested in the Direct Investment option (DIO) that my DIO funds must be transferred out of the DIO prior to processing my benefit payment request.

• I understand that if I am closing my account any insurance cover I hold with legalsuper will cease.

• I have read and understood the Section headed 'Tax file number (TFN) details' and by signing below, I am authorising the Trustee to pay my benefit as indicated.

• I understand that if I choose not to quote my TFN, the Trustee is required to deduct tax at the top marginal rate plus Medicare levy.

• Where the full balance of my account is to be paid from legalsuper, I hereby release the Trustee from any further liability to me or my executors, administrators or dependants in respect to my participation in legalsuper, and request and authorise the temination of my membership in the Fund.

• I declare that the information supplied by me is correct.

• I have attached original certified documents, and they have not been self-certified **(Refer to 'Completing proof of identity' requirements)**; or have consented to electronic verification of my identity.

• I approve the deduction of any applicable fees from my benefits on exit, subject to legislative restrictions (exit fees are excluded).

Member's signature

Date (dd/mm/yyyy)

If applicable, you must submit the certified proof of identity document(s) with this form. Forms without proof of identity cannot be processed.

Please send the original of this form to:

legalsuper
Locked Bag 5081
Parramatta NSW 2124