

## Withdrawal or Transfer Out Form

Use this form to withdraw funds from your ClearView Super or Pension account or to transfer your funds to another complying super fund.

**Before your withdrawal or transfer request can be completed we are required by law to confirm your identity. If you have previously provided certified identification, then you don't need to do this again. If you haven't then you will need to provide us with original certified identification which your financial adviser can assist you with. Please note that we can only accept original certified copies of identification via post.**

Fields marked with an asterisk (\*) must be completed in order for us to action your request.

### \*A. Member details

\*My account number  /  (e.g. TSUP / 100000)

Given name(s)

Surname

Date of birth

Contact phone number

### \*B. Type of payment

<input type="checkbox"/> Withdrawal paid to a bank account	<input type="checkbox"/> Full withdrawal <input type="checkbox"/> Partial withdrawal amount \$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Gross of fees and taxes <input type="checkbox"/> Net of fees and taxes <b>Note:</b> If you do not make a selection your withdrawal will be processed gross of fees and taxes
<input type="checkbox"/> Transfer to another complying super fund	<input type="checkbox"/> Full transfer <input type="checkbox"/> Partial transfer amount \$ <input type="text"/> . <input type="text"/>	
<input type="checkbox"/> Ad-hoc pension payment	Amount \$ <input type="text"/> . <input type="text"/>	

**Note:** If you have made personal contributions in the current or previous financial year and intend to claim them as a tax deduction, please contact your adviser or our Service Centre for further information before submitting your withdrawal or transfer out request to be processed.

### C. Investment instruction (partial withdrawal or partial transfer only)

**Note:** If you do not make a selection for your investment instruction we will use your Money Out Choice.

Money Out Choice OR

Investment Pool \$  .  + \$ Guaranteed Cash  .  = \$ Total withdrawal/transfer  .

**\*D. Payment details**

- Deposit into my existing linked bank account
- Deposit into the following bank account

**Nominated bank account details**

Name of account holder

BSB number    -    Account number

- Please tick this box if the payment is being directed to a third party bank account** (this is a bank account that is not in your name). Please also provide original certified identification for the account holder/s of the third party bank account.

**E. Transfer to another complying super fund (including SMSFs)**

**Fund details**

Name of Fund

Australian Business Number (ABN)

Unique Super Identifier (USI)

Membership or account number

Your funds will be sent electronically if transferring to a super fund with an active USI. If the super fund does not have a USI, a cheque will be posted.

**\*F. Condition of release (Super and Transition to Retirement Pension accounts only)**

Please contact our Service Centre regarding further information that will be required for the below conditions of release.

**Note:** This is not required if you are requesting a transfer to another complying super fund. Please select one box only:

- I have attained age 65
- I am withdrawing an 'unrestricted non-preserved' amount
- I am withdrawing a 'restricted non-preserved' amount and have ceased a paid employment arrangement with an employer who has contributed to my account

Date ceased employment

- I have reached my preservation age, have retired and never intend to work more than 10 hours a week

Date ceased employment

- I am age 60 to 64 and have ceased a paid employment arrangement since turning age 60

Date ceased employment

**Please contact our Service Centre regarding further information that will be required for the below conditions of release:**

- I am a non-resident on a temporary visa which has since expired or been cancelled and have permanently departed Australia to reside overseas
- I am withdrawing on the grounds of severe financial hardship
- I have been diagnosed with a terminal medical condition
- I have been diagnosed as permanently incapacitated
- I am withdrawing under compassionate grounds which have been approved by the ATO
- I was previously a lost member and my balance is under \$200

**\*G. Member declarations and signature**

By signing this form:

- I declare all the details given in this form are true and correct;
- If I am transferring my super benefit to another complying super fund:
  - I discharge the ClearView Life Nominees Pty Limited and its Related Bodies Corporate, from any further liability in respect of my super benefit once the transfer has been completed; and
  - I am aware that fees and charges may apply, and have all the required information about the effect this transfer may have on my benefits.
- If I have requested a withdrawal from superannuation (not transfer), I have satisfied one or more of the conditions of release as set out in Section F;
- I declare that, if signing under a power of attorney, I verify that, at the time of signing, I have not received notice of revocation of that power;
- I understand personal information provided will be collected, used and disclosed in accordance with the relevant Product Disclosure Statement and Information Handling Policy available at **clearview.com.au**;
- I acknowledge and agree that if ClearView reasonably believes the signature below is genuine, ClearView is entitled to rely on that signature and will not be liable for any loss I may suffer if it is later found that signature was fraudulent; and
- I request and consent to the withdrawal or transfer of the superannuation benefits, as described in this form, and authorise ClearView to give effect to this withdrawal/transfer.

In this section, all references to ClearView are intended to include a reference to ClearView Life Nominees Pty Limited and any service provider appointed by us from time to time.

Signature of member

Date signed

D	D	M	M	Y	Y	Y	Y
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**Note: If signing under a power of attorney, please provide an original certified copy of the power of attorney document and the attorney's identification, if not previously provided to ClearView.**

Member full name (print clearly in block letters)

**Sending your form**

Please send the form to us via your email address on file or mail.

Mailing address:

**ClearView Wealth  
Reply Paid 4232  
Sydney NSW 2001**

Email address:

**client.wealth@clearview.com.au**

If you have any questions or need help please call our Service Centre on **132 977**.