



Make a lump sum withdrawal or transfer

For a CSCri stream



Important information about this form

Use this form if you have a **retirement income stream** and wish to:

- make a cash lump sum withdrawal from your account; or
- transfer a full or partial amount to another complying superannuation fund.

Access to your money

For a **Transition to retirement income stream member**, your ability to access amounts from your CSCri account (as either income payments or lump sum withdrawals) is restricted by law. Unless you are requesting a rollover or satisfy one of the conditions of release, you are subject to a maximum annual withdrawal amount.

The maximum amount by law that you can withdraw each year is 10% of your CSCri account balance, which covers the following types of withdrawals—income stream payments and lump sum withdrawals. This is your maximum annual withdrawal amount. It is calculated on the day your income stream commences in your first year (and is not pro-rated) and 1 July for every year thereafter.

Please note that if you wish to make a lump sum withdrawal or partial rollover, it must be no less than \$5,000 or your entire account balance if there is less than \$5,000 in your account.

Before you complete this form

Contact us on **1300 736 096** during business hours to:

- confirm how much you can withdraw from your account; and
- receive a pre-payment statement detailing the tax components of your withdrawal and/or transfer.

Read your **CSCri Product Disclosure Statement (PDS)** available at csc.gov.au

If you satisfy a condition of release, you can request to change your CSCri account from a **Transition to retirement income stream** to a **Standard retirement income stream** by declaring that you satisfy the condition of release under **Section A**.

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this ☐ with a ✓ or ✗ then fill out the next question or section.

Submitting your form

Mail your completed form to us at:

CSCri

Locked Bag 20115

Melbourne VIC 3001

or email the completed form to:

formsandapplications@cscri.com.au



CSC
retirement
income

Privacy

We’re committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at csc.gov.au

A

Your personal details

Member Number

Please provide your personal information (as currently displayed on your CSCri account)
Please log in to your account at csc.gov.au to ensure your details are up to date

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other

Surname

Given name(s)

Residential address

Suburb

State

Postcode

Date of birth

D

D

M

M

Y

Y

Y

Y

B

Nominate your withdrawal or rollover option

I wish to:
(please choose
ONE option only)

- ☐ Make an electronic withdrawal (cash payment to me)
Complete **Section C**
- ☐ Transfer to another fund(s)
Complete **Section D**
- ☐ Make a partial electronic withdrawal (cash payment to me) and full transfer
(of my remaining balance) to another complying superannuation fund
Complete **Sections C and D**



There are certain requirements to withdraw cash from the superannuation environment, please chose which condition of release is applicable to you:

- OR**

- ☐ I have a terminal medical condition. Further evidence may be required, call us on **1300 736 096** to discuss.

OR

- R103 3 of 5

PARTIAL WITHDRAWALS ONLY: Investment option drawdown (if in two or more options)

Section does not need to be completed for a full withdrawal. Complete this section to indicate from which investment option or mix of options your partial lump sum amount will be withdrawn. You should only complete this part if you wish to make a partial withdrawal and your CSCri account balance is currently invested in two or more investment options.

Cash	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income Focused (default option)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Balanced	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aggressive	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ensure your total amount is the same as the lump sum withdrawal amount you listed above.



Transfer to another super fund

Transfer amount

To confirm how much you can transfer, call **1300 736 096** during business hours.

☐ Please transfer part of my CSCri account balance to another complying super fund as follows:

Amount	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR

☐ Full account balance

Your other superannuation fund

Fund name	<input type="text"/>																							
Phone	<input type="text"/>																							
Postal address	<input type="text"/>																							
	<input type="text"/>																							
Electronic Service Address (ESA) (only applicable to SMSF)*	<input type="text"/>																							
	Suburb										State							Postcode						
	<input type="text"/>										<input type="text"/>							<input type="text"/>						
Your membership number	<input type="text"/>																							
Unique Superannuation Identifier (USI)	<input type="text"/>																							
Australian Business Number (ABN)	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>											
Cheque made payable to:	<input type="text"/>																							

***Note:** If transferring to a Self-Managed Super Fund (SMSF), CSC is required to verify certain information prior to actioning a rollover to an SMSF. CSC uses the ATO's SMSF verification service (SVS) to do this. In some circumstances, CSC may need additional information to complete your rollover request. If this happens, we'll be in touch with you within 5 days of receiving your rollover request.

PARTIAL WITHDRAWALS ONLY: Investment option drawdown (if in two or more options)

Section does not need to be completed for a full withdrawal. Complete this part of the form to indicate from which investment option or mix of options your partial transfer amount will be withdrawn. You should only complete this part if you wish to make a partial transfer (not a full transfer) and your account balance is currently invested in two or more investment options.

Cash	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income Focused (default option)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Balanced	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aggressive	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ensure your total amount is the same as the partial transfer amount you listed above.

E Declaration

By signing this request form I am making the following statements:

- I have read the **CSCri PDS**, and this application is made subject to the terms and conditions of that information.
- I declare that, to the best of my knowledge, the information I have provided on this form is true and correct.
- I have provided certified proof of identity documents (if applicable) to prove my identity.
- I authorise CSCri to transfer and/or pay my benefit as instructed on this form.
- I discharge the Commonwealth Superannuation Corporation, the trustee of PSSap through which CSCri is offered, from all further liability in respect of the benefits transferred and/or paid.

 **Sign**

Signature

Date of declaration

D	D		M	M		Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expert financial advice for your situation

You may wish to speak to a licensed financial planner before making a decision about your CSCri account. Our financial planners are authorised to provide advice by Guideway Financial Services (ABN 46 156 498 538, AFSL 420367). Guideway is a licensed financial services business providing CSC financial planners with support to provide members with specialist advice, education and strategies. To find out more, please visit csc.gov.au/advice

To book your first appointment call **1300 277 777** during business hours.

End Form

We're here to help

If you have any questions or need help filling out this form, we're available to chat between 8:30am – 6:00pm, Monday to Friday.

CSCri Customer Service Centre
1300 736 096
members@cscri.com.au



Email
members@cscri.com.au



Phone
1300 736 096



Financial Advice
1300 277 777



Post
CSCri
Locked Bag 20115
Melbourne VIC 3001



Web
csc.gov.au



Overseas Callers
+61 2 4209 5402