

# Withdrawing your super

#### Important information about this form

#### What this form is for

- Use this form to withdraw part or all of your benefit or transfer it to another super fund.
- This form cannot be used to transfer to a Self Managed Super Fund (SMSF). For an SMSF transfer please use the <u>Transfer to an SMSF fund form</u>.

#### What you need to know

- If you are applying to withdraw your super due to a terminal condition, please do not complete this form. Call us on **1300 203 439** to discuss the next steps.
- To apply for an early release payment under financial hardship or specified compassionate grounds, do not use this form, go to <u>csc.gov.au</u> and complete the <u>Early access to superannuation</u> benefit form.
- Please note that if you have an unrestricted non-preserved component, you can withdraw this
  without meeting a condition of release. For more information about this, visit the <u>ATO website</u>
- Proportioning rules require your taxable and tax-free components to be spread in equal proportions across your benefit payment. For more information about this, visit the ATO website <u>ato.gov.au</u>
- You can check your Benefit Estimate (including whether you have an unrestricted non-preserved component) through the CSC Navigator available at csc.gov.au
- You should fully consider the fees and other costs that may apply before taking action.
   More information on fees and other costs related to your ADF Super account is available in the <u>ADF Super PDS</u> at <u>csc.gov.au</u>
- Any insurance cover you hold through lifePLUS Protect will stop if you withdraw all of your ADF Super benefit, or transfer all of your benefit to another super fund. More information on lifePLUS Protect is available in the <u>Insurance and your ADF Super</u> booklet at <u>csc.gov.au</u>
- If you withdraw all of your ADF Super benefit resulting in your account being closed, and you
  are within the period of receiving Income Protection payments, you will need to let the insurer
  know your new superannuation fund and account number to ensure you continue to receive
  the superannuation contribution component.
- If you need assistance, please call us on 1300 203 439.
- For more information refer to the ADF Super Product Disclosure Statement (PDS).

Continued on next page



#### 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**

If you wish to make a cash withdrawal from your ADF Super account, or you haven't provided a valid TFN, you'll also need to provide identification as part of the withdrawal process (Section E). If you are transferring your ADF Super benefit to another Super Fund and you've provided a valid TFN, you don't need to provide identification.

If you wish to verify your identification electronically, please email this form and a copy of one of the listed ID requirements in Section E to: formsandapplications@adfsuper.gov.au

Or

If you do not wish to verify your identification electronically, please send your completed form and your certified proof of identity documents to:

ADF Super Locked Bag 20116 Melbourne VIC 3001

### **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 <a href="mailto:csc.gov.au">csc.gov.au</a>



# Provide your personal details

| ADF Super membership number                             |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
|---|---------------------|----------------------|-------------------|-------|--------------|----------------------|---------------------|---------------------|----------------------|--------------|------|-----|------|-------|--------------|-------|-------|-------------|------|----------|------|------|-----|
| Title   |                     | Mr                   |                   |       | _ N          | 1rs                  |                     |                     | Ms                   | ;            |      |     | Viss | 6     |              | Ot    | ther  |             |      |          |      |      |     |
| Surname   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
| Given name(s)   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
|   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
| Date of birth   | D                   | D                    | /                 | M     | М            | /                    | Υ                   | Υ                   | Υ                    | Υ            |      |     |      |       |              |       |       |             |      |          |      |      |     |
| Address   | Residential address |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
| riddi ess   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
|   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
|   | Subu                | rb                   |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              | State |       |             | 1    | Postco   | ode  |      |     |
|   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
| My Postal Address is the same of my Residential Address |                     |                      |                   | ı't n | eed          | to fi                | ll in               | the                 | Pos                  | tal <i>A</i> | Addr | ess | sect | tion. |              |       |       |             |      |          |      |      |     |
|   | Posta               | l addr               | ess               |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
|   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
|   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
|   | Subu                | rb                   |                   |       |              |                      |                     |                     |                      |              |      |     |      |       | State        |       |       |             | 1    | Postcode |      |      |     |
|   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
| Phone   | Phon                | e num                | ber               |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
| Email   |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
|   | @                   |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
| Your Tax File Number (TFN)                              |                     |                      |                   |       |              |                      |                     |                     |                      |              |      |     |      |       |              |       |       |             |      |          |      |      |     |
|   |                     | I have Note You of y | <b>sur</b><br>can | e if  | you'<br>ck t | <b>ve p</b><br>his k | <b>rov</b><br>by lo | <b>ideo</b><br>ggir | <b>d yo</b><br>ng in | ur T         | FN?  |     |      | gato  | <u>or</u> or | unc   | der t | he <b>\</b> | our/ | det      | ails | sect | ion |

ADF Super is authorised to collect and validate your Tax File Number (TFN) under the *Superannuation Industry* (Supervision) Act 1993. To improve the electronic transfer of funds between superannuation providers, ADF Super is required to validate your TFN with the Australian Taxation Office (ATO). In the event that your TFN cannot be validated, or you do not wish to provide your TFN, you will be required to provide identification in accordance with **Section E**.





# Confirm the amount of your withdrawal and that you meet eligibility requirements

| Amount  | Part of my benefit to the value of   |
|---|--|
| (You must leave at least<br>\$6,000 in your account)          | \$ net   |
|   | OR   |
|   | All of my benefit and close my account   |
|   | AND  |
| Date your employment ceased/will cease                        | D D M M Y Y Y Y  |
| Date of last contribution to ADF Super                        | D D M M Y Y Y Y  |
|   | Wait for my final employer contribution  |
| Note: if you don't advise us to v                             | vait for your final employer contribution we will proceed with the withdrawal.   |
| will have to complete a new Wi                                | on related to your period of Defence service, we will open a new account and you thdrawing your super form if you want to withdraw this money. If we receive anoth ployer, we will reject the contribution and return it to your employer. |
| Withdrawal Eligibility  |  |
| Confirm which one of the follow                               | ing withdrawal eligibility requirements apply to you:  |
|   | per benefit to another superannuation fund. Ensure you complete <b>Section D</b> . ised to transfer to an SMSF. For an SMSF transfer please <u>form</u> .  |
|   | e retired and to the best of my knowledge I will not resume gainful ete the <b>Date your employment ceased/will cease</b> section above.   |
|   | yment with an employer after turning 60. Please complete ceased/will cease section above.  |
| I am over age 65.   |  |
|   | ent disability or permanent invalidity.<br><b>03 439</b> to discuss additional requirements.   |
| I have changed jobs and my                                    | ADF Super account balance is \$200 or less.  |
| I have an <u>unrestricted non g</u>                           | <u>preserved</u> component.  |
|   | ermanently leaving Australia (except New Zealand citizens). This is known erannuation Payment (DASP). To apply for a DASP you'll need to use the <u>ATO website</u> .  |
|   | d indefinitely and wish to transfer to a <u>New Zealand KiwiSaver Scheme</u> . <b>03 439</b> to discuss additional requirements.   |
| I would like my withdrawal paid                               | in the following way:  |
|   | o <b>Section C</b> and provide certified identification documents  |
| in accordance with <b>Section</b> Transfer to another fund(s) |  |
| A transfer to another fund a                                  | and an electronic withdrawal – provide the details of your payment split below and provide certified identification documents in accordance with <b>Section E</b> .  |
| \$  | Paid as cash with balance paid as a transfer to another superannuation fund  |
| OR  |  |
| \$  | Paid as a transfer to another superannuation fund with the balance paid as cash  |

\*Complete one only



# Withdrawal as an electronic payment to you

| Deposit my supera  | nnuatio  | on b | ene   | fit i | nto   | the  | follo        | owir | ng k  | oan  | ık a  | ссо    | unt:   |      |       |       |        |       |        |        |      |        |        |  |  |
|--|----------|------|-------|-------|-------|------|--------------|------|-------|------|-------|--------|--------|------|-------|-------|--------|-------|--------|--------|------|--------|--------|--|--|
| Name of account holde  | er       |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
|  |          | ĺ    |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| Branch (BSB) number  |          | [    |       |       |       | ] -  |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| Account number   |          |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| <b>Note:</b> your superannuation benefit can only be deposited into an account held in your name or jointly in your name. Any Australian financial institution with a BSB number will be accepted. ADF Super will not be liable for any errors that occur based on the account details you provide.  |          |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| AND  |          |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| Provide certified identification documents in accordance with <b>Section E</b> .   |          |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| 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 withdrawal amount will be paid from. You should only complete this part if you wish to make a partial withdrawal and your ADF Super account balance is currently invested in two or more investment options. |          |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| Cash   | \$       |      |       |       |       |      |              |      | 0     | 0    |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| Income Focused   | \$       |      |       |       |       |      |              |      | 0     | 0    |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| Balanced   | \$       |      |       |       |       |      |              |      | 0     | 0    |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| Aggressive   | \$       |      |       |       |       |      |              |      | 0     | 0    |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| Total  | \$       |      |       |       |       |      |              |      | 0     | 0    |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| Please ensure your total amount is the same as the lump sum withdrawal amount you listed above.  Transfer your super  Note: This form cannot be used to transfer to a SMSF. For a SMSF transfer please use the Transfer to a self-managed  |          |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| super fund form.   |          | Г    |       |       |       |      |              |      |       |      |       |        |        | -    |       |       |        |       |        |        |      |        |        |  |  |
| Name of the fund you v<br>transfer your benefit to   |          |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
|  |          |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| ABN of fund  |          |      |       |       |       |      | name<br>umbe |      | ctly  | as p | er yo | our la | ast st | atem | ent o | r con | tact 1 | he fu | ınd fo | or the | corr | ect de | tails. |  |  |
| Your Member Client Ide   | entifier | . [  |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
| USI of fund  |          |      |       |       |       |      |              |      |       |      |       |        |        |      |       |       |        |       |        |        |      |        |        |  |  |
|  |          | Ī    | JSI = | Unio  | que S | Supe | rannı        | atio | n Ide | enti | fier  |        |        |      |       |       |        |       |        |        |      |        |        |  |  |

To transfer your benefit to more than one fund, please provide the details of the other fund(s) on a separate sheet of paper.

Important: This transfer cannot be processed without the USI

If you did not previously provide your TFN or have not provided it in Section A, or if your TFN cannot be validated with the ATO, you will need to provide identification documentation in accordance with Section E for your transfer to proceed.

If you withdraw all of your ADF Super benefit resulting in your account being closed, and you are within the period of receiving Income Protection payments, you will need to let the insurer know your new superannuation fund and account number to ensure you continue to receive the superannuation contribution component.



# **Identification requirements**

To confirm your identity, we require some information from you—this is to protect your benefit against fraud, money laundering and terrorism financing, under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

#### Verifying your documents

Identifying documents may be verified through the Document Verification Service (DVS). DVS is a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.

If you don't provide authorisation to have documents verified electronically or your documents are incompatible with DVS, you will need to provide certified copies of required documents. Please also refer to the section Certifying your documents.

An electronic copy of your identification documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purpose of confirming your identity. You need to send in identification with every application.

DVS is only compatible with some identification documents, these have been listed below.

#### **Certifying your documents**

If you're providing certified documents, the certifying authority must confirm in writing you are the valid holder of the identification you are presenting, and any copies are true copies of the original.



IMPORTANT: The certification must include the name, signature, qualification and registration number of the certifying authority (if applicable), and the date of the certification.

The following sample of certifying authorities can certify your documents in Australia:

- Dentist
- Employee of a Commonwealth authority engaged on a permanent basis with five or more years of continuous service who is not specified elsewhere in this document
- Financial Adviser or Financial Planner
- Justice of the Peace (JP)
- Legal Practitioner
- Medical Practitioner
- Member of the Australian Defence Force who is:
  - · an Officer: or
  - a Non-Commissioned Officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service; or
  - a Warrant Officer within the meaning of that Act.
- Midwife
- Notary Public
- Nurse
- · Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to Schedule 2 of the Statutory Declarations Regulations 2018 available at www.legislation.gov.au/Details/F2018L01296

Please note: We require a copy of both sides of your identification document.

#### How can I meet the identification requirements?

You only need to provide one document from the Primary photographic identification category. If you can't provide any **Primary photographic identification** you will need to provide **one** secondary identification document from List A AND one secondary identification document from List B. We can only accept documents that are listed below for identification purposes.

If the name we hold on file for you is different to the name on your identification, or two pieces of identification are in different names, please provide a certified copy of your Marriage or Change of Name certification.

| * | If you would like us to use DVS to verify your identification, please check both boxes below.  I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purposes of confirming my identity.  I have attached identification for DVS verification. |
|---|---|
|   | Vou must provide a copy* of one of the following:   |

#### Primary photographic identification

DVS compatibility is shown as or

- A current Australian Driver's Licence (front and back of licence must be provided).
- A current Australian Passport (or one which has expired within the last two years).
- A current Australian Proof of Age card (issued under a State or Territory law).

#### **Secondary identification requirements**

Only provide these documents if you're unable to provide one of the Primary photographic identification documents.

#### List A

- Your Australian Birth Certificate or extract issued by a State or Territory. Please note: Birth Certificate extracts and Birth Certificates issued before 1970 may not be verified by DVS.
- Your Citizenship Certificate issued by the Commonwealth.
- Your current Pensioner Concession Card issued by the Department of Human Services.

#### List B

- Your notice issued by the Australian Taxation Office (ATO) within the last 12 months that shows your name, current residential address, and records an amount payable either to or from the ATO.
- Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. For example: rates notice, electricity or water bill.
- Your notice issued by the Commonwealth or a State or Territory government within the last 12 months showing your name and current residential address, and the provision of a financial benefit. For example: a Centrelink letter.

#### **Certifying your documents overseas**

If you live overseas and need to have documents certified, it needs to be done by a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents. For more information refer to ag.gov.au and dfat.gov.au. Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator.

Persons residing overseas and foreign residents may need to contact us.

\*Don't send original documents.

If your documents are incompatible with DVS, don't forget to provide certified copies.



# Declare and sign this form

I declare that:

- the information I have provided on this form is true and correct
- I have read the <u>ADF Super PDS</u>, and this application is made subject to the terms and conditions of that information
- I have provided certified proof of identity documents (if applicable) to prove my identity

| Sign |
|------|
| - 6  |

| Dat | e of | dec | larat | tion |   |   |   |   |   |
|-----|------|-----|-------|------|---|---|---|---|---|
| D   | D    |     | M     | M    |   | Υ | Υ | Υ | Υ |
|     |      | /   |       |      | / |   |   |   |   |



# Lodgement

#### You have now completed this form.

If you wish to use DVS, please email your application and a copy of one of the listed ID requirements in **Section E** to: <a href="mailto:formsandapplications@adfsuper.gov.au">formsandapplications@adfsuper.gov.au</a>

Or

If you do no wish to use DVS, please send your completed form and your certified proof of identity documents to:

ADF Super Locked Bag 20116 Melbourne, VIC 3001

**Please note**: If your documents are incompatible with DVS you must submit certified copies with your application via post.





Email members@adfsuper.gov.au





Phone 1300 203 439





