

Benefit Payment Request



1. Fund Details

Fund Name

2. Member Details

Family Name

Given Names

Date of birth

3. Payment Amount

Full Account Balance.

Partial Withdrawal of \$ _____ *Gross/Net.

4. Reason for Payment (please specify)

Over 55, Retired with no intention to re-enter the work force.

Aged between 60 and 65 years and have changed employer after reaching age 60.

65 or over.

Unrestricted Non-Preserved Benefit.

Totally and Permanent Disablement.

Rollover/Transfer to another Fund. (complete section 5)

Other-specify

5. Rollover Institution

(These details relate to the Receiving Fund.)

Full Name of Fund

Member Account Number in the Fund

Australian Business Number (ABN)

Superannuation Product Identifier Number (SPIN)

Fund Postal Address

Benefit Payment Request (continued)



6. Notice for Tax Deductible Personal Contribution

Section 290-170 Notice.

The sum of concessional superannuation contributions made to the fund that I wish to claim as a tax deduction for the current financial year is \$_____

7. Member Declaration

I request that a Superannuation Lump Sum Benefit payment be made by my fund as indicated.

I declare that: (please select one box only)

- I have reached my prescribed preservation age and have permanently retired from the workforce
- I am between 60 and 65 years of age and have changed employer after reaching age 60
- I am over 65 years of age

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

Signed

Date

