

SuperTrace Eligible Rollover Fund

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 (the Trustee, we, us, our) is the Trustee of the SuperTrace Eligible Rollover Fund ABN 73 703 878 235 ('SuperTrace') which is administered by AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia).

IMPORTANT INFORMATION:

This form must be mailed to: **SuperTrace, Locked Bag 5429, PARRAMATTA NSW 2124**

Please note:

- Benefit payment **requests received by fax will NOT be accepted except for rollover requests to non Self Managed Super Funds.**
- The effective date for processing your benefit payment request is the date your transaction is processed by us and NOT the date your completed documentation is received at our principal office of administration.
- To help us process your request quickly, please ensure all sections are completed and all necessary documentation is attached to this form.
- Benefit payment requests that are signed and dated more than 3 months will not be processed. We will request a new benefit payment request to be completed if this happens.
- Do not use this form** if you are making a death or disablement claim or if you are applying for your benefits due to permanent incapacity or terminal illness. Please contact us on **1300 788 750** between 8:30am and 6pm (AEST/AEDT) Monday to Friday to obtain the relevant forms.
- Things you should consider before withdrawing your benefit** – Before deciding to withdraw your benefit, we recommend you carefully consider your current benefits and the effect that any rollover or cashing of your benefit may have upon these. Depending on your circumstances, cashing in your benefit may have tax implications. Before making a decision to withdraw your benefit, we recommend you speak to a financial adviser. You should seek advice from your taxation adviser in relation to taxation matters. If you would like more information about your benefit, simply call us on the number above.

Section 1: Member details (Please complete all sections marked with an *)

Title* Mr Mrs Ms Miss Dr

Membership number

Date of birth* / /

Alternate Member number

Surname*

Given name(s)*

Other names known by*

Residential address*

State* Postcode* Country*

Home phone Mobile

Current postal address

State Postcode Country

Previous postal address

State Postcode Country

Previous residential address

State Postcode Country

Section 2: Change of name

If there is any change to your name, SuperTrace may require verification of the name change before we can proceed with your request. Such verification may include: certified copy of your marriage certificate, certified copy of court divorce order and birth certificate/ marriage certificate (to show maiden name), or certified copy of change of name by deed poll. If you are unable to provide the required verification, please contact us on **1300 788 750** between 8.30am to 6pm (AEST/AEDT) Monday to Friday, to obtain further information.

Section 3: Benefit options (Please tick your preferred option below)

- I request a roll-over to another superannuation fund **(complete sections 4, 9, 10 and 11)**
- I request to withdraw my total benefit **(complete sections 5, 7, 8, 9, 10 and 11)**
- I request to withdraw my total benefit as I was a temporary resident **(complete sections 5, 6, 8, 9, 10 and 11)**
- I request a withdrawal from my unrestricted non-preserved balance **(complete sections 5, 6, 8, 9, 10 and 11)**
- I request a partial withdrawal with the balance to remain in SuperTrace **(complete sections 5, 6, 7, 8, 9, 10 and 11)**
- I request a partial withdrawal and roll over the balance to my new fund **(complete sections 6 and then 4, 5, 7, 8, 9, 10 and 11)**
- Under \$200 – Lost to found Members **(complete sections 5, 7, 8, 9 10 and 11)**

Note: Access to your benefit depends on your residency or citizenship and when you satisfied a condition of release. This is explained in **section 7**.

Section 4: Rollover to another superannuation fund (all sections marked with an * must be completed).

If you are rolling over to a self-managed superannuation fund (SMSF) and would like the payment transferred electronically to the SMSF bank account please nominate your payment directions in section 5 below.

Full name of new fund*

New fund ABN* New fund USI*

New fund account/policy no.*

Full rollover Partial rollover of \$ _____

Note: Please ensure the account you are rolling over to is active. Your account in your new fund must be in the same name as your SuperTrace account.

Section 5: Payment direction details

Institution name

Account holder

BSB Number - Account number

Note: Benefit payments will only be made directly to you as a Member and into an Australian bank, building society or credit union. Payments cannot be made to a third party.

Section 6: Partial withdrawal

If you are requesting a partial withdrawal please complete this section.

Please note: Some of your benefit may be preserved and if so can only be cashed out upon you meeting a condition of release. If you are requesting withdrawal of preserved funds you must complete sections 7 and 8 as well to inform us of your ability to access your benefits.

Please pay me \$ _____ and retain the balance in the Fund > Gross or Net cash benefit

Please pay me \$ _____ and rollover the balance to the superannuation fund detailed in section 4. > Gross or Net cash benefit

Please note: If you do not nominate whether the payment is to be gross or net, we will process your payment using a gross of tax amount.

Section 7: Residency details instructions

From 1 April 2009, if you have at any stage been a temporary resident, you may only withdraw your preserved super benefits under limited conditions of release. Please go to our Product Disclosure Statement at www.supertrace.com.au or call us on **1300 788 750** between 8.30am to 6pm (AEST/AEDT) Monday to Friday for information on these conditions of release.

If you are requesting a withdrawal in cash or a rollover to commence a pension, **you must answer (a) or (b)** below:

(a) I am an Australian or New Zealand Citizen, a permanent resident of Australia or a holder of a retirement visa sub-class 405 (Investor Retirement) or 410 (Retirement):

Yes – continue to **section 8 (a)**

(b) I am or was a temporary resident of Australia:

Yes – continue to **section 8 (b)**

Section 8: Conditions of release (please tick the condition of release being met)

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| <p>(a) Australian or New Zealand Citizens, permanent residents of Australia or holders of retirement visa sub-class 405 (Investor Retirement) or 410 (Retirement)</p> | <p>(b) Temporary residents or former temporary residents</p> |
| <p>Preservation Age</p> <p><input type="checkbox"/> I am between my Preservation Age[^] and 60, have ceased a gainful employment arrangement and do not intend ever again to become gainfully employed for 10 or more hours per week.</p> <p>[^] For more information on your 'Preservation Age', please refer to www.ato.gov.au.</p> <p>Aged 60 to 64</p> <p><input type="checkbox"/> I am aged 60 to 64 and have ceased a gainful employment* arrangement since attaining 60 years.</p> <p>*'gainful employment' means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.</p> <p>Aged 65 and over</p> <p><input type="checkbox"/> I am 65 years and over.</p> <p>Under \$200 – lost to found members</p> <p><input type="checkbox"/> I was previously classified as a lost member under superannuation legislation and my total benefit amount is under \$200.</p> <p>Australian Taxation Office Release Authority</p> <p><input type="checkbox"/> I wish to have the Trustee pay an amount to the Australian Taxation Office under a release authority.</p> <p>Other</p> <p><input type="checkbox"/></p> | <p>Former temporary residents</p> <p><input type="checkbox"/> As a former temporary resident, I wish to receive my total benefit less tax as a Departing Australia Superannuation Payment (DASP). Please call us on 1300 788 750 and request a DASP Benefit Payment Kit to be posted out to you.</p> <p>Australian Taxation Office Release Authority</p> <p><input type="checkbox"/> I wish to have the Trustee pay an amount to the Australian Taxation Office under a release authority.</p> |

Note: If as a temporary resident you are entitled to your preserved benefits under **section 8 (a)** prior to 1 April 2009, or you are considering withdrawing your benefit from SuperTrace due to permanent incapacity, terminal illness, compassionate grounds, severe financial hardship or are claiming a benefit on behalf of a deceased member or acting under a Power of Attorney on behalf of a Member, please call us on **1300 788 750** between 8.30am to 6pm (AEST/AEDT) Monday to Friday to obtain the relevant forms.

Section 9: ID requirements

To enable SuperTrace to finalise payment of your benefit, we require the following **certified identification** to be provided together with your completed application form. Please note that processing of your application may be delayed where you do not provide adequate identification documents.

For examples of documents that are permissible for use of identification, and for examples of persons who can certify documents and the information they must provide, please refer to the **How to confirm your identity** and the **Who can certify my documents?** flyers at the back of this form, call us on **1300 788 750** or go to www.supertrace.com.au.

If you are **acting on behalf of a member**, please contact us on **1300 788 750** between 8:30am to 6pm (AEST/AEDT) Monday to Friday, to obtain further information on any additional identification requirements.

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| <p>For cash payments or rolling over to a SMSF</p> | <p>Place a tick in the box next to either Option A or Option B or Option C</p> <p><input type="checkbox"/> Option A – 1 current piece of certified primary photographic identification which clearly displays your name and either your date of birth or residential address. Documents cannot be expired (except for an Australian passport that expired within the preceding 2 years.)</p> <p><input type="checkbox"/> Option B – 2 current pieces of certified primary non-photographic identification which clearly displays your name and either your date of birth or residential address.</p> <p><input type="checkbox"/> Option C – 1 current piece of certified primary non-photographic identification and 1 current piece of certified secondary identification which clearly displays your name and either your date of birth or residential address.</p> <p>Please note: For cash payments (excluding SMSF) under \$1,000 where your details completed in section 1 match what we currently have on file, your identification does not need to be certified. For cash payments (excluding SMSF) under \$100 where your details completed in section 1 match what we currently have on file, identification does not need to be provided.</p> |
| <p>For other Rollovers</p> | <p>No identification is required for rollovers where your TFN is validated via the ATO Super Tic service. If your TFN cannot be validated, no identification will be required, so long as your name, date of birth and address details provided on your benefit payment request corresponds with our records. If we discover a discrepancy in your name, date of birth or address, we may request that you provide further proof of your identity by selecting from Option A, Option B or Option C.</p> |

Section 10 : Tax file number notification

Please note that it is not an offence not to quote your TFN. Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your TFN which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

We may disclose your TFN to another superannuation fund when your benefits are being transferred, unless you write to us and request that your TFN not be disclosed to any other superannuation provider.

For all withdrawals except rollovers, we will deduct any tax payable at the rates applicable to superannuation benefits. Please note that if we do not have your TFN and you are aged under 60, we are required to withhold tax at the highest marginal tax rate (plus applicable levies and charges) on the Taxable component of your benefit.

If you have not previously provided us with your TFN and wish to do so now, please tick the box below and quote your TFN:

Yes I agree to provide my TFN which is

If you are rolling over, please tick the box below if you do not want us to pass on your TFN to your nominated superannuation fund or retirement savings account provider.

I do **not** want to pass on my TFN

Section 11: Declaration and authorisation

By signing this request form I declare as follows:

- I have fully read the form and the information completed is true and correct.
- I am aware I may ask the Trustee of my new fund for information about fees or charges that may apply, or any other information about the effect this payment/rollover may have on my benefits, and I have obtained or do not require any further information.
- If my new fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- If transferring to a SMSF, I am aware that SMSF's are subject to the same rules and restrictions as other super funds when benefits are paid out. In particular, superannuation benefits in a SMSF are required to be 'preserved' meaning they are not generally able to be accessed, unless I have reached my Preservation Age and am permanently retired.
- Where my benefit is being withdrawn, I acknowledge that tax may be deducted from the benefit and I will not have the right to rollover the benefit.
- If I am signing under a Power of Attorney, I have not received revocation of the Power.
- If I am requesting payment of benefits to me (rather than rolling over to another fund) or rolling over to commence a pension, I have satisfied a condition of release.
- I discharge the Trustee of all further liability in respect of the benefits paid and/or rolled over to my new superannuation fund.

I hereby authorise the Trustee of SuperTrace to pay my benefit as requested.

Member's signature Date signed / /