

Benefit payment request

Partial withdrawal

Form

Please complete this form if you wish to take a partial withdrawal of monies from your ESI Super account. If you wish to close your account, please contact ESI Super for the appropriate form. This form should be read in conjunction with *the ESI Super Member Guide* or the *ESI Super Income Stream Product Disclosure Statement*.

If you intend to claim a tax deduction for any personal contributions you have made to ESI Super but have not yet notified us in writing you will need to do so prior to any withdrawal being processed.

If the reason for your request is Total and Permanent Disablement, terminal medical condition, financial hardship, permanent departure from Australia or compassionate grounds, please contact ESI Super first, as further evidence/information will be required before the Fund can release a benefit payment.

Please complete this form in BLOCK letters using a blue or black pen.

Remember, changing jobs or terminating work doesn't mean you have to change super fund. You can leave your super benefit in ESI Super and make withdrawals as you require (subject to eligibility). Both you and your new employer can contribute to ESI Super. Please consider all your withdrawal options prior to requesting a benefit payment.

Please note: If you are exercising portability to roll over superannuation benefits to another fund you must leave a minimum of \$5,000 in your ESI Super account or, in all other cases, \$1,000 must be left in the Fund to keep your account open.

■ Your member details

ESI Super member number (if known):

Surname: Title: Mr Mrs Ms Miss Dr

Given names: Date of birth: (DD/MM/YYYY) / /

Address:

State: Postcode:

Telephone (home): Telephone (work):

Mobile: Email:

Occupation: Current employer:

Are you an Australian or New Zealand citizen, or a permanent resident of Australia? Yes No

If no, have you ever entered Australia on a temporary visa? Yes No

If yes, please provide your visa sub class number:

■ Your recent employment information (if applicable)

The name of the last employer who contributed to your superannuation:

The date you left your employer: (DD/MM/YYYY) / /

■ Tax File Number (TFN) (If not already provided)

I agree to provide my Tax File Number for the purposes outlined in either the *ESI Super Income Stream Product Disclosure Statement* or the *ESI Super Member Guide*.

I advise my Tax File Number is: --

■ Your reason for the withdrawal

Please tick the appropriate box as it applies to you:

- I am aged 55 or over and have permanently retired (this means an arrangement under which I was gainfully employed has come to an end and I do not intend to become gainfully employed for 10 or more hours per week in the future), or I am aged 60-64 and have terminated gainful employment since reaching age 60 and I may or may not return to employment in the future, or
- I am age 65 or over, or
- I am withdrawing unrestricted non-preserved* money from super, or
- I have been assessed as Totally and Permanently Disabled by ESI Super and I am therefore entitled to a disability benefit, or
- I am aged 55 or over, I am not retired and I wish to start a Transition to Retirement Income Stream, or
- I am rolling over to another complying superannuation fund, or
- I am suffering from a terminal illness, or
- I am withdrawing superannuation monies under compassionate grounds, or
- I wish to exercise portability and roll some of my super to another fund.

*An unrestricted non-preserved benefit is one that can be accessed at anytime (either in cash or to start an income stream).

■ Payment instructions

Please tick one or more of the options below and fill in all the required information.

Please note: All withdrawals will incur a \$30 fee except the first and last withdrawal and all withdrawals from an ESI Super pension product which are free.

Option 1 – Cash withdrawal

With this option, the minimum amount you can withdraw is \$5,000. The amount will be paid to your account less fees and taxes.

\$. (net)

OR

\$. (gross)

Please note: You don't have the opportunity to select the tax components of your benefit payment. For further information on the tax treatment of your benefit, see *Tax and your super: the Fact sheet*, which is available from our website at esisuper.com.au.

Complete this section so we can pay your benefit directly into your Australian bank account as cleared funds. The account nominated below must be held in your name or in joint names.

Name of financial institution: Branch/location:

Account name (e.g. A B and C Jones):

BSB number: Account number:

Option 2 – Rollover to an ESI Super Income Stream

A minimum amount of \$30,000 is required.

Please transfer the following amount: \$. into an:

- ESI Super Income Stream, or
- ESI Super Transition to Retirement Income Stream (make sure you have ticked the third last box under the section **Your reason for the withdrawal** on previous page).

Option 3 – Rollback your ESI Pension (i.e. Income Stream, Allocated Pension or Transition to Retirement) to an ESI Super account

Please transfer the following amount back into an ESI Superannuation account: \$.

Membership number of active ESI Superannuation account (if applicable):

Option 4 – Rollover to another super fund

Please note: We can only rollover superannuation benefits to a complying super fund or another superannuation vehicle. (payment will be made by cheque only.)

Name of other super fund:

ABN: Member number in new fund:

SFN: SPIN:

Address:

State: Postcode:

Further instructions

I request my withdrawal be drawn from the following investment option/s:

Investment option	Amounts (\$)		Percentage (%)
Cash Deposit*		or	
Cash Enhanced (formerly Cash)		or	
Stable		or	
Capital Managed		or	
Balanced		or	
SRI Balanced		or	
Growth		or	
Australian Shares		or	
International Shares		or	
Smoothed Return**		or	
Capital Guarantee**		or	
Total			100%

Please note: If unclear or incomplete instructions are given your benefit payment will be made in proportion to the investment split of your current account.

*Cash Deposit option was introduced on 17 December 2008. Please see the ESI Super Member Guide for information about this option.

**Withdrawals from the Smoothed Return and Capital Guarantee options cannot be returned later to these options.

■ Additional documentation required

The four different benefit payment options listed on the previous page (i.e. cash payment, rollover to an ESI Super Income Stream, rollback your ESI pension and rollover to a another super fund) each require additional documentation to be provided in order for us to process your request as fast as possible.

Please tick the relevant boxes below and make sure you attach the appropriate documentation with this *Benefit payment request Form*.

Option 1 – Cash withdrawal

- Proof of your age/identity (refer to page 5 for proof of age/identity requirements).
- Copy of bank or credit union statement that shows your full name and account details.

Option 2 – Rollover to an ESI Super Income Stream

- Proof of your age/identity (refer to page 5 for proof of age/identity requirements).
- A completed *ESI Super Income Stream Member application Form*.
- Proof of your reversionary beneficiary's age/identity (if a revisionary is nominated in the *Income Stream Member application Form*).
- A completed *Australian Taxation Office Tax file number declaration Form*.

Option 3 – Rollback your ESI Pension into an ESI Super account

- Proof of your age/identity (refer to page 5 for proof of age/identity requirements).
- A completed *Defined Contribution Member application Form*.

Option 4 – Rollover to another super fund

- Proof of your age/identity (refer to page 5 for proof of age/identity requirements).

■ Authorisation and declaration

Please return your completed form, signed and dated, to ESI Super. It is advisable to keep a copy.

- I confirm that I wish to withdraw part of my ESI benefit and do not wish to close my account
- I authorise ESI Super to process my benefit request in accordance with my instructions
- I have read this form and I declare that the information I have provided in it is true and correct and I acknowledge responsibility for its accuracy
- I declare that the relevant authorities have certified my identification documents
- I confirm that I have read the *ESI Super Income Stream Product Disclosure Statement* or the *ESI Super Member Guide* and *ESI Super Other Information* (if applicable) and declare that the information supplied by me on this form is true and correct
- I understand that my insurance cover will cease if I don't have sufficient funds in my super account to pay the premiums.

Privacy

In completing this *Benefit payment request Form*:

- I confirm that I have received and read the ESI Super Privacy policy (as seen in the *Income Stream Product Disclosure Statement* or the *ESI Super Member Guide*). I understand how ESI Super intends to handle my personal information and that my personal information will only be used for the purposes specified
- I consent to the use and disclosure of my personal information for the purpose of transferring or withdrawing my superannuation benefits.

If you have any questions about your rights under the privacy legislation, please call ESI Assist on 1300 363 240 or visit esisuper.com.au

Member's signature:

Date: (DD/MM/YYYY)

■ Proof of identity requirements

You will need to provide documentation with this *Benefit payment request* Form to prove you are the person to whom the superannuation entitlements belong.

You will need to provide a **certified copy** of **one** of the following photographic documents:

- Current driver's licence issued under State or Territory law or equivalent authority of a foreign country
- Passport (current or expired within the last two years)
- A national identity card
- A card issued under a State or Territory law for the purpose of proving your age, which contains your photograph (e.g. 18+ card).

OR

You will need to provide a **certified copy** of **one** of the following primary non photographic documents:

- Birth certificate or birth extract
- Citizenship certificate issued by the
- Commonwealth Government
- Pension card issued by Centrelink that entitles
- The person to financial benefits.

AND

You will need to provide a **certified copy** of **one** of the following secondary documents:

- Letter from Centrelink regarding a Government assistance payment that contains your name and residential address within the preceding 12 months
- Letter from the Commonwealth or a State or Territory recording the provision of financial benefits that contains your name and residential address and was issued within the preceding 12 months
- Notice issued by a local government body or utilities provider that records the provision of services or utilities and contains your name and residential address that was issued within the preceding 3 months (e.g. rates notice, electricity bill, telephone bill)
- Notice issued by the Australian Taxation Office that records a debt payable to or by yourself to the Commonwealth under a Commonwealth law relating to taxation that was issued within the past 12 months that contains your name and residential address (e.g. Notice of Assessment).

Have you had your name changed or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a **certified** linking document. A linking document is a document that proves a relationship exists between two (or more) names (eg. a marriage certificate or a Power of Attorney).

The following people can certify your documents

- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner
- Judge of a court
- Magistrate
- CEO of a Commonwealth court
- Registrar or deputy registrar of a court
- Justice of the Peace (JP)
- Notary public
- A police officer
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- Australian consular officer
- Australian diplomatic officer
- An officer with two or more continuous years of service with one or more financial institutions
- A finance company officer with two or more continuous years of service
- An officer, or an authorised representative with two or more continuous years of service with an Australian Financial Services License holder
- Member of the Institute of Chartered Accountants in Australia, CPA Australia or National Institute with two or more years of continuous membership.

The **certifying person** must confirm on the copies of the relevant document that they have sighted the originals. This authorisation can be provided by way of identifying themselves as belonging to one of the positions above, as well as a signature and date.

Please note: *Faxed or emailed certifications will not be accepted, we must have the certifying authority's original signature on the copy received by ESI Super.*

Please return this completed form by mail to:

ESI Super, GPO Box 959 Brisbane QLD 4001

More information – Call **1300 363 240**. Email super@esisuper.com.au or visit esisuper.com.au

Electricity Supply Industry Superannuation (Qld) Ltd (ABN 30 069 634 439 AFSL 336567) is the Trustee for the Electricity Supply Industry Superannuation Fund (Qld) (ABN 33 761 363 685).