

# Defence Bank Super Assured RSA

## Withdrawal Form



Defence Bank

Please complete this form in a blue or black pen using BLOCK letters and mark the boxes with an X.

If you have any questions regarding this form, please call Defence Bank on **1800 979 188**.

### 1. Personal details

RSA holder number	
Title	Rank
	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last name	
First name	
Middle name(s)	
Date of birth / /	
Daytime telephone	
Occupation	

#### Residential address (please do not use Post Office Boxes)

Street address	
State	Postcode

#### Postal address (if different from above)

Street address	
State	Postcode

### 2. Withdrawal request

Please select one of the following:

- Partial Withdrawal** - I'd like to make a partial withdrawal and keep my account open.  
**Please note:** the minimum balance required to maintain your RSA is \$5,000 for rollovers and \$2,000 for cash payments. A minimum withdrawal of \$2,000 also applies.
- Full Withdrawal** - I'd like to withdraw all my funds and close my account.  
**Please note:** if you are rolling over to another super fund and currently have employer contributions being directed into your RSA, please notify your employer of the change of fund.
- Dormant/Unused Account Closure** - This account has a \$0.00 balance and I wish to close it.

#### For Transition to Retirement Pension Account Holders:

- Please also close my corresponding accumulation account

#### I would like my withdrawal request processed:

- On maturity of my term deposit (where applicable)  
 As soon as possible

(Please refer to the Defence Bank Super Assured RSA Product Disclosure Statement for information regarding penalties that may apply)

### 3. Reasons for withdrawal - conditions of release

Please cross the appropriate box below. **We are unable to process your withdrawal unless you satisfy one of the following conditions below:**

- I'm transferring to another fund
- I'm permanently disabled (You'll need to return this form and completed medical certificates by two independent doctors or specialists confirming that you are permanently unable to return to the workforce. Please contact us for further information.)
- I'm a non-resident on a temporary Visa, which has since expired or been cancelled and have permanently departed Australia to reside overseas (please contact us for further information)\*\*
- I'm suffering from a terminal illness (please contact us for further information)
- I've reached age 65
- I've ceased employment since turning age 60 (but not necessarily retired)
- I'm withdrawing an 'unrestricted non-preserved' amount
- I'm withdrawing a 'restricted non-preserved' amount\*
- I've reached my preservation age and have no intention of becoming gainfully employed in the future for more than 10 hours per week.\*
- My total benefit is less than \$200 and I've terminated gainful employment with the employer sponsor of this fund\*
- My total benefit is less than \$200 and I'm a member previously classified as a 'lost member'\*
- I'm withdrawing on compassionate grounds. (Please attach an original or certified copy of the letter of approval from DHS)
- I'm withdrawing on the grounds of severe financial hardship (please contact us for further information and forms)

\*If you have retired, what date did you leave your employer?

/ /

\*\*If you are a temporary resident, please indicate the date that you satisfied the condition above

/ /

### 4. Transfer payment details

Please complete this section if you're transferring the withdrawal amount to another superannuation fund.

Please provide the information below. **We are unable to process your request unless full details are provided.**

Full name of new fund	
SPIN of new fund	
ABN of new fund	
USI of new fund	
New fund address	
State	Postcode
Member/Account number	
Transfer this amount (partial transfers only) \$	

If you're transferring to a self-managed super fund, please provide evidence of your membership in the fund (in the form of either the Trustee meeting minutes or your contribution statement).

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### 5. Cash payment details

Please complete this section if you would like to make a cash withdrawal.

**You must meet a condition of release prior to applying for a cash payment.** Please refer to section 3 of this form for conditions of release or refer to the RSA PDS section titled 'Preservation and Conditions of Release'.

#### Bank account details:

Account name
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Name of Australian financial institution
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Branch name or address
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BSB	Account number
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\*We can only pay to a bank account in your name or a joint bank account of which you're one of the account holders.

You must provide proof of identity for cash withdrawals over \$10,000. Please refer to section 9 for details.

Cash amount:	\$
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\*Where applicable\*, please indicate if the above cash withdrawal amount is:

Gross (before tax is deducted)

Net (after tax is deducted)

\*Please refer to the Defence Bank Super Assured RSA Product Disclosure Statement for information regarding taxation of benefits. If you do not specify, we will assume the amount specified above is Gross (before tax).

### 6. Investment option details

#### Partial withdrawals only.

Please indicate the investment option(s) you would like your withdrawal to be paid from. If no selection is made, we will use **our** discretion to determine which investment option(s) will be used to make up this payment.

Defence Bank Super Assured RSA Variable Account	\$
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Defence Bank Super Assured RSA Term Deposit^	\$
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^ Early Redemption penalties apply. Please refer to the Defence Bank Super Assured RSA Product Disclosure Statement for all terms and conditions prior to making a withdrawal.

### 7. Personal Contributions - tax deduction claim

If you're self-employed (or are an eligible person) and intend to claim a tax deduction on any personal contributions made to your Defence Bank Super Assured RSA, please complete the details below and supply your tax file number in section 8.

I wish to claim	\$
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Amount I will claim as a tax deduction in respect of contributions paid to Defence Bank during the year ended 30 June 20

\$
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In order for us to proceed with your tax deduction claim, we require formal notification. Please submit the ATO form NAT71121 'Notice of intent to claim or vary a deduction for personal super contributions', available at ato.gov.au. Contact us for further information.

### 8. Tax File Number (TFN) notification

#### Providing your Tax File Number

In line with the Government's changes to superannuation regarding the member TFN Integrity Check (TIC) in accordance with the *Retirement Savings Accounts Act 1997 (Cth)*, Defence Bank Super Assured is authorised and required to request your TFN. While you are not obligated to provide your TFN, quoting it to your superannuation fund ensures it can be used for the following lawful purposes:

- > Assist in locating and combining your superannuation benefits
- > Reporting to the ATO the contributions received for a member into the fund and where a benefit is paid
- > Verifying the owner of superannuation entitlements prior to them being transferred to another superannuation fund
- > Providing the correct information to other superannuation funds when transferring a member's entitlements.

#### What happens if I do not quote my TFN?

If your TFN has not been quoted to us, tax will be deducted from concessional contributions at the top marginal tax rate, plus the Medicare levy. In some circumstances, you may be able to lodge a claim for the additional tax to be credited back to your super account if you subsequently supply your TFN. Additionally, we are unable to accept non-concessional contributions from members who have not quoted their TFN to us.

TFN

I do not wish to quote my Tax File Number. I understand that by choosing not to provide my Tax File Number, any payment made directly to me will have tax deducted at the maximum rate, as required by legislation.

## 9. Proof of identity

### Verifying your identity

- > If rolling over to another fund, you must provide your tax file number on this form OR supply a certified copy of your current photo identification.
- > If making a cash (lump sum) withdrawal over \$10,000, you must supply a certified copy of your current photo identification.

### Documents for identification

An original or certified copy of one of the following documents must be provided:

- > Current Australian Driver's Licence containing your photograph
- > Australian Passport that is current or expired within the preceding two years
- > Card issued under a State or Territory law, for the purpose of providing a person's age, containing a photograph of the person in whose name the card is issued.
- > Foreign Government issued passport (or similar international travel document) that contains your photograph and signature.

If you are sending your proof of identity, please send certified copies only. Do not send originals.

If you are unable to provide one of these documents, please contact a Financial Services Officer on **1800 979 188** for further information on other documentation you may provide in order to verify your identity.

Documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

### What is a certified copy?

A certified copy is a document that has been certified as a true copy of the original document of one of the following:

- > An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
- > Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the *Statutory Declaration Regulations 1993*)
- > An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 1993*)
- > A permanent employee of the Australian Postal Corporations with two or more years of continuous service who is employed in an office supplying postal services to the public
- > An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- > A Justice of the Peace
- > 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 (however described)
- > A judge of court
- > A magistrate
- > A chief executive officer of a Commonwealth court
- > A registrar or deputy registrar of a court
- > An Australian police officer
- > An Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- > A member of the Institute for Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership
- > A notary public (for the purposes of the *Statutory Declaration Regulations 1993*)

## 10. Declaration and signature

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

I request that Defence Bank Limited process my withdrawal/transfer request and pay the proceeds in accordance with my instructions on this form.

I declare that;

1. I take full responsibility for my withdrawal/transfer out application in particular, I have fully read and understand the information in this form;
2. I am not commonly known by any names different to those disclosed in this application form, unless I have previously disclosed otherwise to Defence Bank Limited;
3. Any document or information to be used for the purposes of this application (whether or not provided on or with this application) is completed and correct;
4. I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents in connection with this application;
5. If I am requesting a transfer, I understand and acknowledge the implications and effects of transferring my benefits from my existing RSA to the fund or plan specified on this form;
6. I have sought advice from my financial planner or have decided not to seek advice;
7. I discharge Defence Bank Limited from all further liability in respect of benefits paid or transferred.

I (print full name)

Authorise my superannuation to be paid as instructed on this form and in terms of the declarations made above.

Applicant's signature

Date / /

Please send the completed form and any required attachments to:

### Defence Bank Super Assured RSA

PO Box14537  
MELBOURNE VIC 8001