

# Withdrawal or rollout 14 day cooling off period

Please complete this form in CAPITAL letters.

Questions? Contact us on 1300 654 720 or smartsave@onevue.com.au.

#### Use this form to exercise the 14 day cooling off period.

Superannuation is a long-term investment. Before transferring superannuation benefits, or making a withdrawal from Smartsave Member's Choice Superannuation Master Plan, you should consider:

- Members have a 14 day 'cooling off' period after commencing participation in Smartsave Member's Choice Superannuation Master Plan to withdraw membership or roll monies to another complying superannuation fund
- the 14 day cooling off period applies from the earlier of five days after your application is accepted on the date the Fund confirms your membership. During this period, you may request the Trustee to cancel your Smartsave Member's Choice Superannuation Master Plan membership and have any contributions (including rollovers in) repaid (subject to preservation rules)
- the Fund will not deduct an exit fee from the amount of the repayment. The amount of repayment may, however, be adjusted to take account of any market movement, administration fee, stamp duty and any taxes payable in respect of contributions made
- contributions made that are subject to preservation requirements cannot be repaid in cash but must be transferred to another complying superannuation fund
- if you write to the Trustee requesting monies be returned by completing this withdrawal, and a suitable complying superannuation fund is not provided within 28 days, these contribution monies will be transferred to the Fund's Eligible Rollover fund (ERF). Refer to the Product Disclosure Statement for details.

#### 1. Member details

Member number		Date o	f birth (DD/MM/Y	YYY)
Title Given nar	ne(s)			
Surname				
Postal address				
Suburb			State	Postcode
Residential address (if same as postal add	ress, write as above)			
Suburb			State	Postcode
Phone (home)	Phone (work)	Mobile	2	
Email				

I authorise Smartsave Member's Choice Superannuation Master Plan to update my address and contact details if the details provided above differ to the details currently held.

### 2. Tax file number (TFN) or exemption\*

I have already supplied my TFN
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My TFN is as follows

Exemption reason

OR

TFN

#### I do not wish to quote a TFN or exemption reason

\* In order to receive any tax concessions available in relation to your entitlement, you are required to quote your TFN. It is not compulsory to quote your TFN, however if your TFN is not quoted, the Trustee is obliged to deduct PAYG Tax from the relevant part of your benefit at the top marginal rate.

#### 3. Withdrawal type

Partial rollover of funds to other superannuation fund or self managed superannuation fund (SMSF). If rolling over to a SMSF, you must ensure you are registered as a member and trustee on the Australian Taxation Office's (ATO) SMSF register > Proceed to Section 4, 6, and 8.

□ Full cash withdrawal (account closure) ► Proceed to Section 5, 6, 7, and 8.

Note: Any cash payment will require a condition of release to be met and certified identification requirements provided.

#### 4. Rollover fund details (complete only if you are transferring to another superannuation fund or SMSF)

OR

Fund name	

Fund address

The Trustee will need to confirm your bank details for this payment to proceed. Please attach a copy of the top of your bank statement which verifies the information entered above.

#### Fund ABN

Superannuation product ID (SPIN/USI)

Fund USI		

Other fund Member number

### 5. Cash withdrawal - condition of release and other requirements

Please indicate below which withdrawal situation is relevant to you. Generally, you are unable to access superannuation benefits until you reach preservation age and retire, however there are some special limited circumstances which enable you to access benefits earlier. The Trustee is required to confirm your eligibility to access your superannuation benefits.	Documentation required to be returned with this form
<ul> <li>I am over 65 years of age.</li> <li>Proceed to Sections 6, 7, 8 and 9.</li> </ul>	<ul> <li>Originally certified identification.</li> </ul>
<ul> <li>I am aged between 55 and 60 (inclusive), reached preservation age and have retired.</li> <li>(Where you have ceased employment, and have no intention of employment in the future which exceeds 10 hours per week.)</li> <li>Date of retirement: / /</li> <li>Proceed to Sections 6, 7, 8 and 9.</li> </ul>	<ul> <li>Originally certified identification.</li> <li>Statutory declaration declaring you have no intention of working again.</li> <li>Proof of termination of employment.</li> </ul>
<ul> <li>I have terminated an employment contract and my account balance does not exceed \$200.</li> <li>Proceed to Sections 6, 7, 8 and 9.</li> </ul>	<ul><li>Originally certified identification.</li><li>Proof of termination of employment.</li></ul>
<ul> <li>I have terminated an employment contract between age 60 and 64 (inclusive).</li> <li>Proceed to Sections 6, 7, 8 and 9.</li> <li>(Where you have ceased gainful employment with an employer after turning 60 and have no intention of employment in the future which exceeds 10 hours per week.)</li> </ul>	<ul> <li>Originally certified identification.</li> <li>Proof of termination of employment.</li> </ul>

I would like my funds rolled over to another superannuation fund. Refer to Section 3 and 4.

I would like payment made into my bank account by electronic funds transfer (EFT)

Note: Any cash payment will require condition of release and certified identification requirements to be met.

#### 7. Bank account details

Name of financial in	nstitution	Branch
BSB	Account number	Account name

**Note:** The Trustee will need to confirm your bank details for this payment to proceed. Please attach a CERTIFIED copy of the top of your bank statement which verifies the information entered above.

# 8. Declaration and signature

- ▶ I am aware of and do not require any information on the impact of this payment on my superannuation benefits.
- I am aware of any fees and charges that may apply.
- I declare that I have read this form completely and the information I have entered is true and correct, and I authorise Smartsave Member's Choice Superannuation Master Plan to process my benefit request in accordance with my instructions.
- ▶ I acknowledge that I have read and understood the implications of supplying or not supplying my TFN.
- I am aware that I am exercising the 14 day cooling off period, and wish to cancel my membership in Smartsave Member's Choice Superannuation Master Plan.
- I request payment to be made in the manner indicated on this form and accompanying material, and I understand that this withdrawal may cause my insurance cover (if any) to lapse.
- I understand The Fund will not deduct an exit fee from the repayment, however there may be an adjustment to take account of any market movements, administration fees, stamp duty and any taxes payable in respect of contributions made, and I have read and understood the information regarding TFNs in Section 3 of this form.
- I understand that if any of the contributions are subject to preservation requirements, the monies must be transferred to another complying superannuation fund, and if instructions are not received, these monies will be transferred to the Fund's Eligible Rollover Fund.
- I consent to my personal information being used in accordance with Diversa Trustees Limited Privacy Policy (available for viewing at diversa.com.au).
- ▶ I discharge Smartsave Member's Choice Superannuation Master Plan from all further liability in respect of the benefits paid.

#### Full name

Signature	Date (DD/MM/YYYY)

### 9. Checklist

- □ I have completed all of the required sections of this form, and provided all necessary documents, and signed and dated the declaration. Refer to Section 8.
- □ I have attached an original copy of CERTIFIED identification to this form (applicable for a cash payment). An Identification requirements checklist fact sheet on proof of identity can be found on the Secure Online Portal.
- ☐ If I have elected to have payment made to my bank account, I have attached a CERTIFIED copy or part of my bank, building society or credit union account statement showing my full name and account details.

Please return completed and signed form to: Smartsave, PO Box 1282, Albury NSW 2640.

### **Privacy Policy**

The collection of your personal information (PI) in this form is governed by the Privacy Act 1988 (Cth). Diversa Trustees Limited uses your PI to administer your superannuation account (including insurance (if any)), improve our products and services and keep you informed. If we cannot collect this information, we may not be able to do these tasks. We may collect your PI from you, or from third parties such as your employer. We will only share your PI where necessary to perform our activities with our administrator, other service providers, as required by law or court/ tribunal order or with your permission. Your PI may be accessed overseas by some of our service providers. For full details of how we use your PI, the countries where your PI may be accessed, how you can access and change your PI, and the privacy complaints process please read our Privacy Policy at smartsavesuper.com.au or call us on 1300 654 720.

### Contact us

## Phone: 1300 654 720 | Email: smartsave@onevue.com.au | Website: smartsavesuper.com.au

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