

Withdrawal form

Payment or Rollover out request

"The fund" refers to YourChoice Super in this document.

Use this form to:

- ☐ Request a payment from your account, or
- ☐ Rollover your account to another superannuation fund including SMSF

Use a separate form (available on the Secure Online Portal) to request a payment from your superannuation account for the following reasons:

- Severe financial hardship,
- Approved compassionate grounds,
- Approved Departing Australia superannuation payment,
- Temporary or permanent incapacity or a terminal medical condition, or
- A transfer to a Kiwi Saver account.

Before requesting payment, check:

- That all of your contributions from your employer have come into your account,
- Where you are claiming a personal deduction for any personal contributions made to your account, you have sent us an ATO Notice of intent to claim a tax deduction, available on the Secure Online Portal or via the ato.gov.au website,
- Your insurance as closing your account will cause your insurance to be ceased, and a lower account balance may affect the ability for premiums to continue to be paid, and
- The ID requirements factsheet for what is appropriate certified identification and how to provide it.

Arrangements for **sending** us your payment or Rollover request (allow time for postage or transfers):

- Mail original completed and signed payment or rollover and certified copies of original identification and any other related documents to:
YourChoice Super, PO Box 1282 Albury NSW 2640, or
- Email your scanned payment or rollover request and scanned certified copies of original identification and any other related documents to:
super@onevue.com.au

Have questions?

Contact us on:

Phone: 1800 640 055 | **Email:** yourchoicesuper@onevue.com.au

Payment or Rollover out request



Completing this form in BLOCK letters ensures we have a clear instruction.
To be valid, your application for a payment or rollover must be signed and dated.
Read the Privacy Policy on the last page to see how the fund uses your information.

Step 1 Providing your personal details

Member number

Date of birth (DD/MM/YYYY)

Title

Given name(s)

Surname

Residential address

Preferred phone no

Phone (work)

Mobile (If available)

Email



By providing my email address and current details I authorise the fund to update my address and contact details if the details provided above differ to the details currently held. By providing my email address, I consent and authorise the Fund to provide communications and information in an electronic format, via email or uploaded to the Secure Online Portal including information required by law.

Your tax file number (TFN)

☐

I have already provided my TFN



We are authorised to ask for your TFN. You do not have to provide your TFN but if you don't, you may end up paying more tax than you need to. Further information can be found via ato.gov.au.

Identification requirements

- ☐ I have previously provided current CERTIFIED photocopies of my original identification documents for my member account.
- ☐ I have attached scanned or original CERTIFIED photocopies of my original identification documents to this payment or rollover out request.



Refer to the ID Requirements Factsheet on the Secure Online Portal for help on suitable identification documents and how to provide your certified identification). Please do not provide original documents.

Step 2 Confirming you are eligible to receive a payment



I understand that if I hold more than \$200 in superannuation my monies may need to be preserved, and the Fund is required to confirm my eligibility to access my superannuation benefits.

From the six options below select the option which applies to you

- ☐ I want to make a rollover to another superannuation fund.
- ☐ I have unrestricted non-preserved superannuation in my member account available to me.
- ☐ I have less than \$200 in my superannuation account and have ceased gainful employment.
- ☐ I am aged at least 65.
- ☐ I am aged between age 60 and 64, and have ceased a gainful employment arrangement since turning age 60.

My previous employer was

I stopped working there on date (DD/MM/YYYY)

- ☐ I am between my preservation age and the age of 64, have ceased gainful employment and don't plan to work more than 10 hours a week again. (Refer to ato.gov.au for your preservation age)

My previous employer or circumstance was

My date of retirement was (DD/MM/YYYY)



I understand to be eligible to receive a payment from my superannuation, I must meet the definition of retirement, have reached preservation age, and never intend again to be gainfully employed for more than 10 hours per week. Gainful employment can mean either being employed or self-employed to earn an income or reward in any employment, occupation or business.

Step 3 Providing lump sum payment details



A full lump sum payment or rollover will close my superannuation account and any insurance cover will cease. Investment earnings (positive or negative) tax, insurance and administration fees will change the final lump sum amount paid. Refer to the Fund Product Disclosure Statement and the Additional Information Guide for terms and conditions for any disposal of investments necessary to make up your withdrawal.

Request a lump sum payment

- ☐ Partial lump sum payment \$ _____ (pre tax)
- ☐ Full lump sum payment (account closure)

Paying to your bank account

Payment will be made into your bank account by electronic funds transfer (EFT).

Lump sum payment bank account details

☐ Pay to my bank account details already provided

My personal bank account details (held in my name or joint names with myself) are noted below

Name of financial institution		Branch
<input type="text"/>		<input type="text"/>
BSB	Account number	Account name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4 Providing rollover out details

Request to rollover (partially or fully) to another superannuation fund

- ☐ Partial rollover out of the Fund to another superannuation fund \$_____
- ☐ Full rollover out of the Fund (account closure) to another superannuation fund
- ☐ Partial rollover out of the Fund to a self managed superannuation fund (SMSF) \$_____
- ☐ Full rollover out of the Fund to a SMSF

Provide details of the superannuation fund or SMSF receiving your transferred funds)

Fund name	Fund address
<input type="text"/>	<input type="text"/>
Fund ABN	USI
<input type="text"/>	<input type="text"/>
Other Fund Member number	
<input type="text"/>	

SMSF bank account details (provide certified copy of bank statement)

My SMSF bank account details are noted below

Name of financial institution		Branch
<input type="text"/>		<input type="text"/>
BSB	Account number	Account name
<input type="text"/>	<input type="text"/>	<input type="text"/>



I am a member, trustee or director of my SMSF and have attached a certified copy of the top of the SMSF bank account statement. Refer to the Checklist for further important details on rolling out to a SMSF.

Step 5 Please read these declarations and sign this form

- ▶ I have made an informed decision because I have read and understood the PDS and all related documents to which this application applies,
- ▶ The information I have provided in this form is true and correct and I authorise the Fund to process my benefit in accordance with my request,
- ▶ I declare that I am an Australian citizen, a New Zealand citizen or a permanent resident of Australia, and
- ▶ I have supplied certified proof of my identity which shows my correct date of birth and any name change(s) if required,
- ▶ I have read and understood the Privacy Policy and understand how the Fund will use my personal information.

I understand

- ▶ There are costs associated with my account, as well as benefits I may be losing such as insurance cover (if any) and that any insurance held in my account will cease once my account is closed,
- ▶ If I have not already indicated an intention to claim a tax deduction, I won't be able to claim a tax deduction for my withdrawn contributions in the future once my account is closed.
- ▶ I consent to my personal information being used in accordance with Diversa Trustees Limited Privacy Policy (available for viewing at diversa.com.au).
- ▶ I have the right to ask the Fund for information on how withdrawing my superannuation will affect my entitlements and have already done so, or have chosen not to exercise this right, and I discharge the Fund from all further liability in respect of the benefits paid.

Full name

Sign here

Date (DD/MM/YYYY)

Checklist

We will process your lump sum payment or rollover request as soon as we can. Our ability to process your lump sum payment or rollover out request is dependent on:

- the application for lump sum payment or rollover out being fully completed, and all of the necessary documents being provided, and
- where you hold super wrap investments in your account, there may be delays while your investments are sold down. Please ensure there are sufficient funds, including retaining the minimum balance, in your cash hub prior to submitting this form.



Please refer to the Product Disclosure Statement, and Investment Guide Terms and Conditions for details on the order of redemption of investment options, and/or direct assets.

Have you

- ☐ Completed all of the form, and signed and dated the application
- ☐ Attached a scanned clear & legible CERTIFIED copy of original identification documents, **OR**
- ☐ Where you intend to mail in the form and identification, attached CERTIFIED copies of original identification documents.
- ☐ Consulted the identification requirements factsheet on providing proof of identity. The identification requirements factsheet can be found on the FAQ/Forms page of the Secure Online Portal.

If rolling out to a SMSF

- ☐ Provided a certified copy of the SMSF bank statement? If you are completing a full or partial rollover of funds to your SMSF, you will also need to ensure you are registered as a member and trustee on the Australian Taxation Office's (ATO) SMSF Trustee/Member Register.

Sending your payment or rollover request form and documents to us.

You can either:

- ▶ **email** your scanned payment or rollover request form and clear & legible CERTIFIED copies of identification documents directly to the Fund at **super@onevue.com.au** or via your nominated representative; **OR**
- ▶ **post** your original application, and clear & legible CERTIFIED copies of original documents (your identification) to: **YourChoice Super, PO Box 1282, Albury NSW 2640.**

Contact us

Phone: 1800 640 055 | **Email:** yourchoicesuper@onevue.com.au

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 Diversa Trustees Limited website diversa.com.au.

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YourChoice Super and YourChoice Pension are superannuation products within MAP Superannuation Plan ABN 71 603 157 863 RSE R1001587 (the Fund), which is Division II of The MAP Master Superannuation Plan. Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153 RSE Licence L0000635 (referred to as the Trustee, we, our, us) is the Trustee of the Fund and the product issuer. The information in this document has been prepared by OneVue Wealth Services Ltd ABN 70 120 380 627, AFSL 308868 as the Fund Promoter. It is intended to provide you with general information only and does not take into account your personal objectives, financial situation or needs. Before making any financial decisions about YourChoice Super and YourChoice Pension, it is important that you read the current product disclosure statement (PDS) and consider your particular circumstances and whether the particular financial product is right for you. The current PDS for each product is available on the Secure Online Portal. You should consult a financial adviser if you require personal advice.

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