

**IMPORTANT: Please use BLOCK letters and black ink when completing this form. Please note that fields marked (\*) are mandatory.**

## 1. EXISTING MEMBER DETAILS

\*Member Number

\*Title  \*Given Names  \*Surname

Street Address/PO Box

Suburb/Town/City  State  Postcode

Date of Birth  /  /

I hereby give notice that I wish to close my Superannuation Account.

I elect to have the investments in my account:

**Sold by my Financial Adviser and the proceeds paid to a rollover institution:**

Institution name

USI

ABN or Super Fund Name (SFN)

Address

Suburb  State  Postcode

Please supply a letter of compliance from the Rollover Institution which includes the ABN.

**Sold by my Financial Adviser and the proceeds paid to:**

Account Name

BSB  Account Number  Amount

A condition of release must be met to satisfy this options (see Section 2 of this form). Your Financial Adviser can assist you with information regarding this option. I acknowledge that where I withdraw my benefits out of my Superannuation account I understand the implication of transferring benefits from my account.

Prior to closing your Account, the Account balance will be applied to pay all outstanding fees and charges and any applicable taxes. It may be necessary to keep your Account open for a period of time pending the receipt of outstanding distribution or sale of investments.

Upon request to close your Account, the Trustee will:

- Finalise any uncompleted part of your instructions up to and including the termination date;
- Deduct any outstanding fees and charges from your Cash Management Account;
- Sell assets in your Account if there is insufficient cash in your Cash Management Account to pay any outstanding fees and charges relating to your Account; and
- Continue to charge your Cash Management Account for fees and charges associated with your Account until such time as there are no further assets in your Account.

**Transferred to my Pension Account:**

Pension Account Number

## 2. RELEASE OF PRESERVED BENEFITS

Tick the condition that applies to you.

- Retirement\***
- I have reached preservation age, I have ceased employment and do not intend ever again to work more than 10 hours per week.
- I am over 60 and I have ceased employment.
- I am over 65\***
- Resignation from employer:** I have resigned from my employer who contributed to my account. This condition only applies to restricted non-preserved benefits.
- Permanent incapacity/disability** (For more information contact the Member Administrator).
- Terminal medical condition**  
Please complete a certificate of incapacity which can be obtained from your Financial Adviser.
- Severe financial hardship** (For more information contact the Member Administrator).
- Compassionate grounds**  
You are required to attach a letter from the Australian Taxation Office (ATO) approving your application to obtain access to your preserved benefits based on compassionate grounds.

\*This condition is not available to persons who are not Australian or New Zealand citizens, or a permanent resident.

## 3. DECLARATIONS

### Executed by Member

\*Name (please print)

\*Signature  \*Date  /  /

## 4. PROOF OF IDENTITY

\* Yes- I have attached proof of identity information as required as mentioned below.

### Documents required for Identification:

**Proof of identity must be provided with this form.**

**All documents must be certified.**

- Drivers licence issued under State or Territory Law
- Australian Passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

### OR one of the following Secondary documents

- Australian birth certificate or birth extract
- Australian Citizenship certificate issued by Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits
- Health card issued by Centrelink

### PLUS one of the following (if providing a secondary document):

- A document issued by the Commonwealth or State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individuals name and residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debit payable by the individual to the Commonwealth (or by the Commonwealth to the individual) which contains the individuals name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individuals name and residential address)

### What is a certified copy?

A certified copy is a document that has been certified as a true copy of the original document by an officer with, or authorised representative of, a holder of an Australian financial services license, having 2 or more continuous years of service with one or more licensees.

**Return completed original form to Powerwrap Limited PO Box 16071, Collins St West Vic 8007  
or submit via your financial advisor**