



MLC Super Fund Payment instruction form

National Australia Bank Group Superannuation Fund A (Plan)

Need Help? Contact us on **1300 55 7586** between 8am and 7pm AEST (8pm daylight savings time), Monday to Friday. You may also call the ATO Superannuation hotline on **13 10 20** for superannuation tax advice.

STEP 1 Complete your personal details (please use BLOCK letters)

Member number

Title

Mr Mrs Miss Ms Other

Surname (family name)

Given names

Date of birth (DD/MM/YYYY)

Gender (please tick)

Male Female

Other/previous names

Residential address

Postcode

State

Previous residential address – please include this if you know that the address held by your other fund is different to your current address

Postcode

State

Contact phone number

Email

STEP 2 Cash lump sum payment details

The amount you can be paid in cash cannot exceed your 'Unrestricted non-preserved' amount. The 'Preserved' and 'Restricted non-preserved' amounts cannot be paid in cash unless you meet a condition of release. If you choose to be paid a benefit in cash, you cannot later change your decision to instead transfer your benefit.

Pay me a gross lump sum cash amount of: \$ * I understand this amount may be subject to tax.

STEP 3 Retirement declaration

Tick one option only:

I have reached preservation age and intend never again to become gainfully employed for more than 10 hours per week (Please refer to the Preservation Ages table below for your preservation age).

Date of Birth	Preservation Ages
Before 1 July 1960	55
1 July 1960 - 30 June 1961	56
1 July 1961 - 30 June 1962	57
1 July 1962 - 30 June 1963	58
1 July 1963 - 30 June 1964	59
1 July 1964 or after 60	60

I am aged 60 or over and ceased employment with my employer before turning 60 (You can make a withdrawal providing you have permanently retired and intend never again to become gainfully employed for more than 10 hours per week).

I am aged 60 or over and ceased employment with my employer after turning 60 (You can make a withdrawal providing you have left employment, even if you plan to continue working elsewhere in the future).

STEP 4 Transfer payment instructions

Transfers to other regulated superannuation funds (including Self Managed Superannuation Funds (SMSF)) can be paid by cheque or electronic funds transfer (EFT). The Trustee may require further documentation should you request your benefit be transferred to a SMSF. If you wish to transfer to more than one fund, you can use a photocopy of this form to provide to the trustee of the Fund (Trustee) for each of the funds you are transferring benefits to.

Tick one of the following two options

Transfer my entire accumulation account

Transfer the following amount \$

STEP 4 Transfer payment instructions continued

Transfer from

Fund name

MLC SUPER FUND

Membership number

Fund phone number

1300 55 7586

Australian Business Number (ABN)

70 732 426 024

Unique superannuation identifier (USI)

70732426024151

Transfer to

Fund name

Address of other superannuation fund or company

Postcode

Country

Australian Business Number (ABN)

Unique superannuation identifier (USI)

Your membership or account number

Phone number of other superannuation fund or company



Important information about future contributions

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**. Please contact your employer for more information on how to direct future contributions into your new fund.

Things you need to consider when transferring your superannuation

When you transfer your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you.

Some of the points you may consider are:

- **Fees** – Your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer.
- **Differences in the fees that funds charge can have a significant effect on what you will have to retire on.** For example a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – Your **FROM** fund may insure you against death, illness or accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover

Checklist

To avoid delays, before sending this form, please check that you have attached:

original certified proof of identity documents, if you are making a cash withdrawal and/or transferring your super to a SMSF (Refer to the Proof of identity form for more information)

a completed Electronic fund transfer (EFT) request form, if requesting a cash lump sum payment or transfer to SMSF, by EFT

STEP 5 Member signature and declaration

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

- If I am making a cash withdrawal, I am a citizen or permanent resident of Australia or a citizen of New Zealand or a current temporary resident and hold a subclass 405 (investor retirement) or 410 (retirement) visa;
- I declare I have fully read this form and the information completed is true and correct;
- I am aware I may ask the Trustee for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information;
- If I am transferring to a SMSF, I confirm that I am a member, a trustee or director of a corporate trustee, of the SMSF;
- I discharge the Trustee of all further liability in respect of the benefits paid and transferred to the nominated fund in accordance with these instructions; and
- If I am transferring my benefit to another Fund, I consent to my Tax File Number being disclosed for the purposes of consolidating my accounts.

I request and consent to the transfer or withdrawal of my superannuation as described above and authorise the Trustee to give effect to this transfer or withdrawal.

Your full name (Print in BLOCK LETTERS)

Member's signature

X	Date (DD/MM/YYYY)							

Please return this completed form to:

Plum Super, Reply Paid 63, Melbourne VIC 8060

Proof of identity form

Acceptance documents

Please attach the relevant proof of identification with each transfer to a self managed super fund (SMSF) or cash withdrawal request:

What type of insurance could I be covered for?

an original certified copy of one of the following:

- driver's licence issued under state or territory law;
- Australian passport (a passport that has expired within the preceding two years is acceptable); or
- foreign passport or similar travel document containing your photograph and signature; or
- card issued under a State or Territory for the purpose of providing a person's age containing your photograph.

OR

an original certified copy of one of the following:

one of:

- birth certificate or birth extract issued by a State or Territory of Australia;
- citizenship certificate issued by the Commonwealth; or
- pension card issued by Centrelink that entitles the person to financial benefits.

AND one of:

- notice issued by Commonwealth, State or Territory Government within the past 12 months that records the provision of financial benefits and contains your name and residential address.
For example:
- letter from Centrelink regarding a government assistance payment.
- notice issued by the Australian Tax Office (ATO) within the past 12 months that contains your name and residential address.
For example:
- notice of an ATO assessment.
- notice issued by a local government body or utilities provider within the previous three months.
For example:
- rates notice from local government.

OR

original certified copies of the following:

Foreign driver's licence that contains your photograph and date of birth* **AND** National identity card issued by a foreign government containing your photograph*

Have you changed your name?

If your name has changed (e.g. due to marriage, divorce or registered name change), please also provide an original, certified copy of the official linking document that verifies your change of name (e.g. marriage certificate, deed poll, divorce orders or change of name certificate from the Births, Deaths and Marriages Registration Office).

Does your name or date of birth differ from the details shown on our records?

If your name or date of birth differs from personal details shown on our records (i.e. spelling error, initials or common name translation) please also provide a certified copy of official documentation that verifies your name or date of birth.

Has your residential address changed?

If your residential address has changed please also provide a certified copy of your telephone or utilities bill in your name reflecting the new address, or a certified copy of the front and back of your Australian driver's licence which shows your new address.

Are you signing a transfer or cash withdrawal request on behalf of another person?

If you are signing a transfer or cash withdrawal request on behalf of another person please also provide:

- proof of identification for the member you are signing on behalf of as outlined in *Acceptable documents*; and
- an original certified copy of Guardianship papers or Power of Attorney.

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

Certification of personal documents

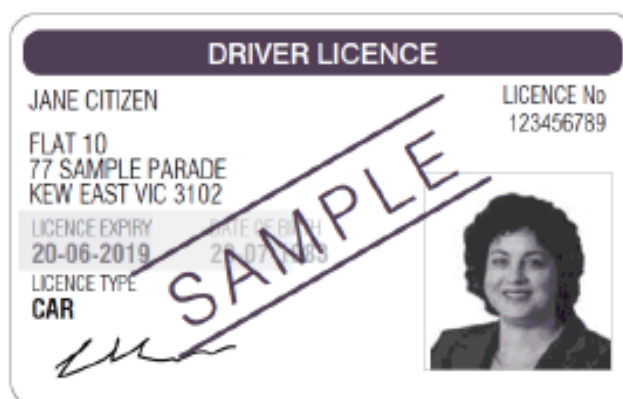
All identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so.

A person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (for example, Justice of the Peace, Australia Post employee, etc) and date.

The following persons can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with two or more years of continuous service;
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- a finance company officer with two or more years of continuous service (with one or more finance companies);
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees;
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership;
- a permanent employee of the Commonwealth with two or more years of continuous service;
- a permanent employee of the State or Territory or State and Territory authority with two or more years continuous service;
- a permanent employee of a local government authority with two or more years continuous service;
- a notary public officer;
- a police officer;
- a registrar or deputy registrar of a court;
- a Justice of the Peace;
- an Australian consular officer or an Australian diplomatic officer;
- a judge of a court;
- a magistrate;
- a Chief Executive Office of a Commonwealth court; or
- a person who is currently licensed or registered under a law to practice in one of the following occupations:
 - Chiropractor
 - Dentist
 - Legal practitioner
 - Medical practitioner
 - Nurse
 - Optometrist
 - Patent attorney
 - Pharmacist
 - Physiotherapist
 - Psychologist
 - Trade marks attorney
 - Veterinary surgeon

Example of correctly certified proof of identity:



I certify this is a true copy of the original document.

Handwritten signature of Julie Preston.

Julie Preston
Justice of the Peace
Reg. No: 654321
12/2/11



Electronic funds transfer (EFT) request form

This form is only required if you are making a cash withdrawal or transferring to a SMSF, and would like your benefit to be deposited directly into a nominated bank, building society or credit union account. If this form is not completed and returned, payments will be made by cheque.

Please complete this form to nominate the account in which you would like your benefit payment deposited and return together with your *Payment instruction form* to Plum Super, Reply Paid 63, Melbourne VIC 8060

STEP 1 Complete your personal details (please use BLOCK letters)

Member number		Contact phone number	
<input type="text"/>		<input type="text"/>	
Surname (family name)			
<input type="text"/>			
Given names			
<input type="text"/>			
Title		Date of birth (DD/MM/YYYY)	Gender (please tick)
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Other <input type="text"/>		<input type="text"/>	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Other/previous names			
<input type="text"/>			
Residential address			
<input type="text"/>			
		Postcode	State
<input type="text"/>		<input type="text"/>	<input type="text"/>

STEP 2 Please deposit my benefit payment into the following account

Name of bank, building society or credit union			
<input type="text"/>			
Address of bank/building society/credit union			
<input type="text"/>			
		Postcode	State
<input type="text"/>		<input type="text"/>	<input type="text"/>
Account holder's name			
<input type="text"/>			
Branch number (BSB)		Account number	
<input type="text"/>		<input type="text"/>	

Instructions for completing your EFT details

If you are unsure of any of the details requested above, refer to your bank statement or contact your bank or financial institution.

Your full name (Print in BLOCK LETTERS)		Member's signature	
<input type="text"/>		<input type="text"/>	
		Date (DD/MM/YYYY)	
		<input type="text"/>	