

The Portfolio Service SMSF

Benefit payment request form

Fund name	
Fund reference number	

1. Member details

Please provide the details of the member who is making this withdrawal.

Member's full name	
Member's account number	

2. Type of withdrawal

- I would like to receive a payment from my pension, and
- I would like to receive it as an additional pension payment
 - I would like to receive the payment as a partial withdrawal
- I would like to receive a payment from my accumulation account, and
- I declare I am over 65
 - I declare I have terminated employment after reaching age 60
 - I have reached my preservation age and permanently retired
 - I wish to make a withdrawal for other reasons, please select appropriate box
 - Permanent incapacity
 - Severe financial hardship
 - Compassionate grounds
 - Terminal medical condition
- I would like to roll over my benefit to another superannuation fund

3. Withdrawal amount

The withdrawal will be processed proportionally from your taxable and tax-free components. (Tick applicable)

Partial benefit

Total withdrawal amount	\$
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Please specify if the payment is before or after PAYG tax	
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Full benefit

I elect to withdraw my full member benefit. Once my benefit payment is processed, my membership of the fund will cease. Please complete a 'Fund notice of change of details' form and attach to this request

Death

Payment to estate

Payment to nominated beneficiary(ies)

Payment to reversionary beneficiary

Please provide:

- certified copy of death certificate
- certified copy of Probate (if payment to estate)
- proof of identity for each beneficiary

Please refer to the back of this form for proof of identity requirements.

Financial institution details

Account name	
Financial institution	Branch
BSB	Account number

4. Rollover details

I wish to roll over my member benefit to another superannuation fund as listed below:

Please note you are required to provide proof of identity. Refer to the back of this form for requirements.

New fund name		
Membership number		
ABN	SPIN	-AU
New fund address		
Suburb		
State	Postcode	

5. Asset instructions

Please note that any dealings with the assets of your fund may be a capital gains tax event and you should consult your financial adviser for advice. For assets being sold, please advise the following:

I wish to sell **all** the assets in my account.
 (Please note your fund's listed assets are required to be sold by your financial adviser.)

I wish to sell only the following assets in my account
 (Please note your fund's listed assets are required to be sold by your financial adviser.)

Asset name	ASX/APIR code	Units (list 100% if full holding)

For assets that will be **transferred**, please advise the following:

I wish to transfer **all** the assets from my account.

I wish to transfer only the following assets from my account:

Asset name	ASX/APIR code	Units (list 100% if full holding)

The trustees confirm that the receiving party will accept the transfer of the assets nominated above. If the receiving institution cannot accept the transfer, this request will be cancelled.

Please advise the transfer method for the transferring listed assets:

Issuer sponsored

Broker sponsored with:

Participant number	HIN
Broker's full name	
Broker's firm	Broker's telephone

Please advise the new registration details for the transferring **listed** assets nominated above:

Transferee's name	
Address	

Please provide the new registration details for the transferring **unlisted** assets nominated above:

Transferee's name	
Address	

6. Member declaration and signature

I understand that:

- once a benefit payment form is submitted to AET all trading, interim payments and other regular withdrawals from my account will cease until this request is completed
- if there is insufficient cash in my cash account to process this request I understand AET will suspend or cancel my request.

Signed by	
Date	

7. Trustee acceptance

The trustees of the above fund acknowledge receipt of the member's benefit payment request and confirm that the member meets a condition of release as defined in superannuation law. The trustees confirm that the fund named in section 4 (if any) is a regulated superannuation fund. This request has been accepted by the fund trustees and their consent is provided below.

Signed by*

*A minimum of two trustees/directors are required to sign. For funds with a corporate trustee and a sole director, the sole director must sign.

Corporate trustee name (if applicable)	
Trustee/director name	
Trustee/director signature	
Date	
Trustee/director name	
Trustee/director signature	
Date	
Trustee/director name	
Trustee/director signature	
Date	
Trustee/director name	
Trustee/director signature	
Date	

Please return to:

Email: forms@aetlimited.com.au

Fax: 1800 781 166

Or post

The Portfolio Service SMSF

Administration Services

GPO Box 546

Adelaide SA 5001

Completing proof of identity

You will need to provide documentation with this request to prove you are the person to whom the superannuation entitlements belong.

Acceptable documentation

Either one of the following documents may be used:

- driver's licence issued under State or Territory law

OR

- passport

Other acceptable forms of identification are either one of the following:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

AND

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory

Correspondence received from Government or local council within the last twelve months that contains your name and residential address. For example, a Notice of Assessment from the ATO or a rates notice from local council.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names. The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so. The person who is authorised to certify documents must sight the original and the copy and ensure both documents are identical, then ensure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date. The following individuals can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five 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 five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or a Chief Executive Officer of a Commonwealth court.