

Superannuation and retirement Withdrawal request form

Please complete this form if you wish to make a withdrawal from The Portfolio Service.

Please indicate which Plan the withdrawal is to be made from:

Superannuation Plan Retirement Income Plan Super Essentials

Term Allocated Pension. You may withdraw all or part of your Term Allocated Pension to:

- pay a surcharge debt or
- to give effect to a payment spilt under family law or
- rollover your benefit to another complying income stream.

You are unable to withdraw all or part of your balance as cash unless you commenced your Pension within the last 6 months and your Pension was not funded from the commutation of another complying income stream.

1. Personal details

| | | | |
|--------------------------|--------------------------|--|----------------------|
| Title | Surname | Given names | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Residential address | | | |
| <input type="text"/> | | | |
| Suburb/town | | State | Postcode |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Telephone (home) | Telephone (business) | Mobile | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Male | Female | Date of birth (dd/mm/yy) | Email address |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |

2. Withdrawal details

The minimum withdrawal amount is

- \$500 per investment option for the Superannuation Plan, Retirement Income Plan and Term Allocated Pension
- \$1,000 per investment option for Super Essentials

I request the withdrawal of \$ after payment of fees, expenses and taxes.

| Reference code | Investment options* | Number of units | Amount |
|----------------|---------------------|-----------------|--------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

* If you do not advise us which investment options are to be sold, it is our policy to dispose of fixed interest investments followed by managed investments and then listed investments. If withdrawing the entire balance please write 'ALL'.

The withdrawal will be paid from your Cash Management Account. If the withdrawal is greater than the balance in your Cash Management Account please list the investment option(s) to be sold.

3. Tax File Number (TFN) notification

Your TFN is confidential and you should know the following before you decide to provide your TFN:

- We are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993 (Cth).
- Your TFN will be used for lawful purposes only. Your TFN may be disclosed to the ATO and another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to other trustees. These purposes may change in the future.
- Quotation of your TFN is voluntary and it is not an offence for you not to quote it. However, if you choose not to quote your TFN:
 - your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account
 - if we do not have your TFN, you will not be able to make non-concessional contributions to the Plan.
 - these consequences may change in the future.
- Choosing to quote your TFN will also make it easier to keep track of your superannuation benefits in the future.

My (TFN) is - - or I have provided my TFN in the past

4. Payment details

I request that the withdrawal be:

- paid into my pre-nominated credit union, building society or bank account
 paid into the nominated account below (please complete (i))
 paid by cheque (please complete (ii))
 rolled over to another institution (please complete (iii))

(i) Account details

| | |
|--|--|
| Financial institution | Branch |
| <input type="text"/> | <input type="text"/> |
| BSB <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> | Account number <input type="text"/> |
| Account name <input type="text"/> | |

Please refer to your credit union, building society or bank statement for the above details. Do not use the numbers quoted on any plastic card.

(ii) Cheque details

| | |
|---------------------------------------|-----------------------------------|
| Name of payee <input type="text"/> | Amount \$ <input type="text"/> |
| Address <input type="text"/> | |

(iii) Rollover institution details

| | |
|----------------------|-------------------------|
| Name of institution* | Amount |
| <input type="text"/> | \$ <input type="text"/> |
| Cheque payee | |
| <input type="text"/> | |
| Address | |
| <input type="text"/> | |

* Please provide a letter of compliance from the rollover institution.

5. Component details

The withdrawal will be taken out of taxable and tax-free components in proportion to those components at the time of the withdrawal request.

6. Contributions tax

Do you want to claim a tax deduction on any personal contributions you made during the current financial year?

Yes No

Please complete and attach a Section 82AAT available from our Client Advisory Services on 1800 221 151.

7. Signature and confirmations

- Where necessary, I have satisfied a condition of release of benefits under superannuation law and have provided the Trustee with all necessary documentation
- I acknowledge that where I have chosen an investment with a long withdrawal period or there are delays receiving proceeds from selling my investments, a withdrawal or transfer may be delayed.
- I authorise the deduction from my investment portfolio of any fees, expenses and taxes payable
- I agree to indemnify the Trustee for all liabilities arising from my instructions for payment.

| | |
|----------------------|--|
| Signature | Date |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

| | |
|-------------------------------|--|
| Financial planner only | |
| Name | Phone number |
| <input type="text"/> | <input type="text"/> |
| AFSL holder | PortfolioNet account number |
| <input type="text"/> | <input type="text"/> |
| Financial planner signature | Date |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |