

Zurich Insurance-only Superannuation Plan Benefit Payment form

When to use this form

Complete this form to receive the superannuation entitlements we hold for you, including a refund of premiums from an insurance-only superannuation policy. If you do not meet a current condition of release (refer to sections 4 and 5 of this form), you will need to complete Section 6 of this form, *Superannuation Fund Nomination*, to transfer your benefit to another complying superannuation fund.

Important: All benefit payment requests must be supported with Proof of Age, and in some cases other documentation. Please refer to 'Checklist' (Section 12 of this form).



1 Personal details

Title _____ Surname _____

Given name(s) _____ Date of birth / / _____

Note: Please attach evidence such as a copy of a marriage certificate to verify any name change.

Residential address _____ State _____ Postcode _____

Postal address (if different to above) _____ State _____ Postcode _____

Contact details Work () _____ Home () _____

Mobile _____ Email _____

Are you a citizen or a permanent resident of Australia or New Zealand? Yes No

If 'No', and you are or were a temporary resident you are only able to redeem (withdraw) your preserved superannuation benefits under limited circumstances. Please contact the Fund Administrator on (03) 9621 7275 before completing this form.

2 Policy details

Zurich Insurance-only Superannuation Plan policy number:

3 Condition of release

In order for you to personally receive the superannuation entitlements we hold for you, including a refund of premiums from an insurance-only superannuation policy, you must have met a condition of release.

If you **do not** meet a current condition of release you will need to complete **Section 6** of this form "*Superannuation Fund Nomination*" to transfer your benefit to another complying superannuation fund.

I request that Zurich release my benefit on the grounds of (please tick appropriate box)

- Attaining age 65 (go to section 5)
- Permanent retirement (go to section 4)
- Balance under \$200 (conditions apply*) (go to section 5)
- Withdrawal of restricted non-preserved funds (go to section 5)
- Withdrawal of unrestricted non-preserved funds (go to section 5)

* A member may only access preserved benefits less than \$200, upon terminating employment with a standard employer-sponsor and where that employer had contributed to the Fund.

4 Permanent retirement

If you are permanently retiring please complete the following:

Please pay the benefit payment to me, as I meet one of the following criteria (please tick the one criteria you best satisfy):

- I have reached my preservation age* and have ceased gainful employment and have no intention to become gainfully employed either on a part or full time basis.
- I am age 60 or more and ceased gainful employment on or after my 60th birthday.

Go to Section 5.

* Use the following table to work out your preservation age.

| Date of birth | Preservation age |
|-----------------------|------------------|
| Up to 30-6-1960 | 55 |
| 1-7-1960 to 30-6-1961 | 56 |
| 1-7-1961 to 30-6-1962 | 57 |
| 1-7-1962 to 30-6-1963 | 58 |
| 1-7-1963 to 30-6-1964 | 59 |
| 1-7-1964 + | 60 |

5 Payment details (to be completed where you have met a condition of release only)

Preferred method of payment

- Cheque made payable to you ► Go to Section 7
- Direct credit payment to an Australian bank account in your name or a joint account where you are an account holder

Direct credit details

Please provide the bank account details where you would like the funds to be deposited:

Name of financial institution _____

Address _____

State _____

Postcode _____

Bank/State/Branch (BSB number)

 -

Account number

Account name _____

Please check with your bank or financial institution that account details are correct. Incorrect information can result in payment to the wrong account. The Trustee is not responsible for funds paid to the wrong account on your instruction.

6 Superannuation Fund Nomination (to be completed where you have not met a condition of release)

Before providing the details of the superannuation fund for the receipt of your superannuation entitlements, please check that:

- the fund is a complying superannuation fund and it will accept superannuation payments from the Aon Master Trust
- your nominated superannuation account is active
- you have contacted your fund to obtain their Australian Business Number (ABN), their Unique Superannuation Identifier (USI) and the member account number the payments should be allocated to
- your fund has the same name and contact details for you as we have. Any discrepancies in these details could result in delays in processing your superannuation payments.

1. Full name of superannuation fund _____

2. Fund USI (Unique Superannuation Identifier) _____

3. Fund ABN _____

4. Member account number _____

5. Member account name _____

Payment to a Self-Managed Superannuation Fund (SMSF)

- Cheque made payable to the SMSF
- Direct credit payment to an Australian bank account in the name of the SMSF.

Important: Where a direct credit to the SMSF account has been requested, please provide a copy of a bank account statement header OR bank account establishment confirmation document showing details of the account including the account name. In accordance with APRA/ATO guidelines, if you do not provide one of these documents, a cheque issued in the name of the Fund will be provided instead.

7 Tax File Number (TFN)

Your TFN is confidential and under superannuation law Zurich and the Trustee is allowed to collect it to administer your request. Your TFN may be disclosed to the Trustee of another complying superannuation fund if your benefits are transferred, unless you request in writing for your TFN not to be disclosed.

I advise that my TFN is: - -

and I authorise for this number to be quoted for the circumstances listed above.

Note: It is not compulsory for you to quote your tax file number, however, if you don't you may pay more tax on your benefit than you have to. In this instance you would have to reclaim the additional tax through the income tax assessment process.

8 Additional information

You may ask for any information for the purpose of understanding the effects on your benefit entitlement prior to rolling over or redeeming your benefit. This includes information on fees, charges, effect on insurance cover (where applicable) and any other matter.

Please tick (✓) the relevant boxes below if you would like further information before we proceed with your request to rollover (transfer) or redemption.

- Information on fees and charges that will be applied
- Information regarding my insurance benefit (where applicable)
- Other information
-
-

9 Notice of intent to claim a deduction (for eligible persons* only)

IMPORTANT: If you are eligible to claim a deduction for contributions made to this superannuation fund, you must provide the trustee with a valid notice of intent to claim a deduction form while you are still a member of that Fund. Legally you are unable to claim for contributions made to a Fund that you are no longer a member of.

A valid Notice of intent to claim a deduction form can be obtained:

- By calling the the Fund Administrator on (03) 9621 7275
- On the ATO website, www.ato.gov.au (Google search – ATO notice of intent to claim)

*Please refer to the ATO website, www.ato.gov.au, for information regarding eligible persons.

10 Member's declaration and discharge

I declare that all information and documents I have provided are true and correct.

- Where the benefit is being transferred to another complying superannuation fund, I authorise the Trustee of the Zurich Insurance-only Superannuation Plan, a division of the Aon Master Trust, to transfer the superannuation benefit including refund of premiums to the nominated fund (provided the nominated fund accepts).
- I am aware I may ask 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 have obtained or do not require such information.
- I am aware that if I am eligible to claim a deduction for contributions made to this superannuation fund, I must provide the trustee with a valid notice of intent to claim a deduction form while still a member of the Fund.
- I consent to my tax file number (if quoted) being disclosed for the purpose stated in the Product Disclosure Statement.
- I discharge the Trustee and Zurich of all further liability in respect of the benefits paid.

Member's signature

Date

X

/ /

Your privacy

The Trustee is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. Equity Trustees Superannuation Limited (ABN 50 055 641 757 AFSL 229757 RSE L0001458) is the Trustee of the Zurich Insurance-only Superannuation Plan. Equity Trustees Superannuation Limited is a subsidiary of EQT Holdings Limited and the Privacy Statement of the Trustee can be found at www.eqt.com.au. The Privacy Policy of the Administrator is available at www.smartmonday.com.au.

Who can certify your identification document?

Under the Anti Money Laundering / Counter Terrorism Financing Act, a certified copy means a document that has been certified as a true copy of an original document by one of the following persons:

1. A person who is currently licensed or registered under a law to practice in one of the following occupations:

| | |
|----------------------|----------------------|
| Chiropractor | Patent attorney |
| Dentist | Pharmacist |
| Legal practitioner | Physiotherapist |
| Medical practitioner | Psychologist |
| Nurse | Trade marks attorney |
| Optometrist | Veterinary surgeon |

2. A person enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner

3. A person on the following list:

- Australia Post Permanent Employee or Agent (who is currently employed with the post office & has at least two continuous years of service or is in charge of supplying postal services to the public)
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
 - Bailiff
 - Bank Officer, Building Society Officer or Credit Union Officer (with two or more continuous years of service)
 - Commissioner for Affidavits or Declarations
 - Fellow of the National Tax Accountant's Association
 - Finance Company Officer (with two or more continuous years of service)
 - Justice of the Peace
 - Marriage celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
 - Member of Chartered Secretaries Australia
 - Member of Engineers Australia (other than at the grade of student)
 - Member of the Association of Taxation and Management Accountants
 - Member of the Australasian Institute of Mining and Metallurgy
 - Member of the Australian Defence Force (who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
 - Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
 - Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)
 - Minister of Religion (under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
 - Notary Public
 - Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
 - Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
 - Police Officer or Sheriff
 - Teacher employed on a full-time basis at a school or tertiary education institution
 - Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)
 - Court Officer: Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- 4. An Officer with, or Authorised Representative of an Australian Financial Services Licensee (who has had at least two years of continuous service with one or more licensees)**

12 Checklist

Before you send this form to the Fund administrator, please complete the following checklist. It identifies information that must be provided when applying for a redemption from your Zurich Insurance-only Superannuation Plan. Ensuring that all information is provided will assist us in processing your request as quickly as possible.

For ALL benefit payments, the following MUST be enclosed:

- Proof of identity document(s) (see Section 11)
- Your Tax File Number (optional)

For payment of part of, or all of a restricted non-preserved component, or balances of less than \$200 you must also enclose:

- Letter/proof from your previous employer that you are no longer employed by that business.

For transfers to a Self-Managed Superannuation Fund where a direct credit has been requested

- A copy of a bank account statement OR bank account establishment confirmation document showing details of the account holder.

Remember, if you intend claiming contributions made to the Fund as a deduction, the trustee must receive a valid Notice of intent to claim a deduction form while you are still a member of the Fund.

Questions? Call 03 9621 7275

Please send your completed form to:

Insurance and Superannuation Administration Services Pty Ltd
PO Box 810
South Melbourne VIC 3205