

Zurich Insurance-only Superannuation Plan Benefit Payment form

When to use this form

Personal details

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).

Γitle	Surname							
Given name(s)				Date of birth	/	/		
Note: Please	attach eviden	ce such as a copy o	f a marriage	certificate to verify any n	name chan	ge.		
Residential ac	dress				;	State	Postcode	
Postal addres	s (if different to	above)			;	State	Postcode	
Contact detail	s Work ()		Home ()				
	Mobile			Email				
Are you a citiz	en or a permar	nent resident of Aust	ralia or New Z	Zealand? Yes No				
f 'No', and you are or were a temporary resident you are only able to redeem (withdraw) your preserved superannuation benefits under imited circumstances. Please contact the Fund Administrator on 1800 959 989 before completing this form.								
2 Policy Zurich Insurar		annuation Plan polic	y number:					
n order for yo	, ,			3	cluding a r	efund of p	oremiums from an insurance	-
,		condition of release y er complying superar		o complete Section 6 of th	nis form "Su	ıperannua	tion Fund Nomination" to	
request that	Zurich release	my benefit on the gre	ounds of (ple	ase tick appropriate box)				
Attaining	age 65			(go to section 5)				

(go to section 4)

4 Permanent ret	irement				
If you are permanently ret		_			
Please pay the benefit pa	yment to me, as I mee	et one of the followi	ng criteria (please tick t	he one criteria you be	est satisfy):
I have reached my proon a part or full time l		nave ceased gainfu	l employment and have	no intention to become	me gainfully employed either
I am age 60 or more	and ceased gainful e	mployment on or af	ter my 60th birthday.		
Go to Section 5.					
* Use the following table t	to work out your prese	ervation 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:					
		you would like the	rando to be deposited.		
Name of financial institution Address State Postcode					
Addiess				State	Fosicode
Bank/State/Branch (BSB n	umber)		Account number		
Account name					
Please check with your baaccount. The Trustee is no					esult in payment to the wrong
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 Smart Future Trust					
your nominated superannuation account is active					
 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 superan	nuation fund				
2. Fund USI (Unique Su	perannuation Identifie	er)			
3. Fund ABN					
4. Member account nur	nber				
5. Member account nar	ne				
Payment to a Self-Managed Superannuation Fund (SMSF)					
Cheque made payab	le to the SMSF				
Direct credit payment to an Australian bank account in the name of the SMSF.					
	ent confirmation docu	iment showing deta	ils of the account inclu	ding the account nam	ccount statement header OR ne. In accordance with APRA/e 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 1800 959 989
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 Smart Future 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

Your privacy

X

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.

11 What identification items do we need from you?

To enable the Trustee to finalise your transfer request, we require proof of identification to be provided together with your completed Superannuation fund nomination form. If your transfer request is for a rollover to another complying superannuation fund (excluding a Self-Managed Superannuation Fund) this will normally be done by validating your TFN using the Australian Taxation Office's SuperTICK service. For transfers to a Self-Managed Superannuation Fund and where we are unable to validate your TFN, you will be required to provide proof of identity documents to Zurich before we can finalise your transfer.

Please note that the processing of your transfer will be delayed where you do not provide adequate identification.

In circumstances where we are unable to validate your TFN using the ATO's SuperTICK service, or where you wish to rollover to a Self-Managed Superannuation Fund, you will need to provide us with a certified copy of ONE of the following photographic documents:

Ple	ase tick which one applies					
	An Australian passport (provide the pages that identify you, including the page with your photograph). A passport that has expired up to 2 years ago is also acceptable;					
	An Australian State or Territory driver's licence bearing your photograph (front and back copies are required);					
	A proof of age card issued by an Australian State or Territory (must contain a photograph of you);					
	A Foreign passport containing your photograph and signature (see below for information on providing foreign language documents).					
If yo	OR If you cannot provide a certified copy of one of the above documents then you must provide certified copies of one document from column A and one document from column B.					
A		В				
	Australian birth certificate OR	Letter from Centrelink (or other Commonwealth, State or Territory agency) issued to you within the last 12 months regarding a government assistance payment showing your name and residential address				
	Australian death certificate (for death claims only)					
	Australian citizenship certificate	Utilities bill or local government notice issued to you within the last three months showing your name and residential address				
	Health card issued by Centrelink	Notice issued by the ATO to you within the last 12 months showing your name and residential address				
	Pension card issued by Centrelink (front and back copies)	Notice from school principal showing name, residential address and period of attendance of person under 18 issued within previous three months				

If you cannot provide any of these documents or you are unsure how to complete your identification form please contact us on 1800 959 989 for assistance.

How to certify a copy of a document

The law requires that we receive certified copies of the identification documents you provide us. A certified copy is a document that has been certified as a true copy of an original document by certain persons.

An example of a certified document:

I, John Smith of 123 Park Street, Sydney NSW 2000 in the capacity of a Justice of the Peace certify that this copy is a true and accurate copy of the original.

Signature:	J. Smith
Date:	01/01/2018

Please note:

- Any identification documents that are in a foreign language must be accompanied by an English translation from an accredited translator.
- If identification documents are being certified outside of the Commonwealth of Australia, generally speaking they may only be certified by an Australian consular officer (within the meaning of the Consular Fees Act 1955) or an Australian diplomatic officer. For further information on obtaining certification whilst overseas, please contact the Fund administrator on 61 3 9621 7275.

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:

ChiropractorPatent attorneyDentistPharmacistLegal practitionerPhysiotherapistMedical practitionerPsychologist

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 1800 959 989

Please send your completed form to:

Insurance and Superannuation Administration Services Pty Ltd PO Box 1305 South Melbourne VIC 3205

