

# Withdrawal request for temporary residents

Complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross like the following **X**. Start at the left of each answer space and leave a gap between words.

Please phone us on 1800 023 928 with any questions about this form.

**Use of this form**

Use this form if you are a temporary resident who has now left Australia and you met a condition of release to withdraw your super in cash on or after 1 April 2009.

**Important notes:**

- There may be significant tax implications if you withdraw your super in cash—refer to the current Product Disclosure Statement (PDS) and Reference Guides for Accumulate Plus (available from our website [oursuperfund.com.au](http://oursuperfund.com.au)) for more information.
- If you joined Commonwealth Bank Group Super on or after 12 December 2007, we must establish your identity for anti-money laundering and counter-terrorism financing purposes **before** we can pay any benefits to you in cash. If this applies to you, you should also complete the *Identification and Verification* form (unless this has been completed and provided to us previously).

Fields on this form marked with an asterisk (\*) **must** be completed for the purposes of anti-money laundering laws.

**Section 1: Member details**

Existing account/member number

Title:  Mr  Mrs  Miss  Ms Other

\*Full given name(s)  \*Surname

\*Residential address – PO Box is **not** acceptable

Unit number  Street number  Street name

Suburb  State  Post code  Country

Postal address – if different to above

Unit number  Street number  PO Box  Street name

Suburb  State  Post code  Country

\*Main country of residence  \*Date of birth (dd/mm/yyyy)  \*Occupation (if retired, state 'Retired')

\*Either Mobile number and/or  Daytime phone number  Email

► By providing your **mobile**, you consent to its use for security validations, e.g. to transact online. By providing your **email**, you consent to receiving communications such as newsletters, significant event notices and other important information to this email, although from time to time we may still need to send you information by post. Note: If no mobile, you **must** give a daytime contact number.

**Section 2: Withdrawal instructions**

Please close my Accumulate Plus account and:

Mail a cheque for the account balance to the address shown in section 1 (Note: This cheque is not a bank cheque.)

Transfer the account balance to the super fund shown in section 3 – this option is only available if meet the criteria for permanent or temporary incapacity or a terminal medical condition.

Please note: If you close your account without providing your Tax File Number (TFN), you may not be able to claim back any no-TFN tax that has been deducted.



### Section 3: transfer to another superannuation fund

You should only complete this section if you meet the criteria for permanent or temporary incapacity or a terminal medical condition. If none of these apply to you, your benefit must be paid to you by cheque.

#### Details of transfer 1

Please indicate the amount of this withdrawal request that is to be transferred to this superannuation fund:

Full amount of withdrawal      OR      Partial amount:      \$ ,,.

#### Superannuation institution or fund name

#### Fund ABN or SPIN

#### Account or member number

#### Postal address of fund

Unit number  Street number  PO Box  Street name   
 Suburb  State  Post code  Country

#### Fund contact number

#### Details of transfer 2

Please indicate the amount of this withdrawal request that is to be transferred to this superannuation fund:

Full amount of withdrawal      OR      Partial amount:      \$ ,,.

#### Superannuation institution or fund name

#### Fund ABN or SPIN

#### Account or member number

#### Postal address of fund

Unit number  Street number  PO Box  Street name   
 Suburb  State  Post code  Country

#### Fund contact number

### Section 4: Tax file number notification (TFN)

I acknowledge that:

- My provision, and the fund's receipt, of my TFN is authorised under the Superannuation Industry (Supervision) Act 1993.
- If I provide my TFN to the fund, it will be used only for legal purposes, which may include finding, identifying and amalgamating my superannuation benefits where other information is insufficient, calculating tax on any super benefits or contributions and providing information to the Commissioner of Taxation. These purposes may change in future.

I do not have to supply my TFN, and if I choose not to it is not an offence. However, if I don't provide my TFN, I acknowledge that:

- More tax may become payable on my taxable super contributions and benefits.
- The fund may be required to refund any member contributions to me within 30 days less taxes, fees and costs and insurance premiums and reduced or increased for market movements.
- In the future it may be more difficult to locate or amalgamate my super benefits.

If I provide my TFN to the fund, the fund may provide it to another super fund trustee or Retirement Savings Account provider to whom my benefits are to be transferred, unless I request you not to do so in writing. In all other respects my TFN will be treated as confidential.

My TFN is: --      OR       I have provided my TFN to the fund previously.

▶ Refer to the current PDS and Reference Guides for information on the tax that may apply to your withdrawal.



### Section 5: Conditions of release

Please indicate which of the following conditions of release apply:

- I am or was a temporary resident and have now left Australia.
- I am permanently incapacitated\*.
- I am temporarily incapacitated\*.
- I have a terminal medical condition\*.

\* There are additional requirements to process these withdrawals—contact us on +612 9115 1026 for further information.

### Section 6: Additional documents required

You must provide **certified copies** of the following documents with this Withdrawal Request form. If you have left Australia, you can take your original documents to the Australian Embassy, High Commission or Consulate to be copied and certified by the consular staff.

If your account balance is **\$5,000 or less**:

- Your visa, or evidence that you were a temporary resident whose visa has expired or been cancelled.
- Your passport showing your photograph and identification pages PLUS the page showing you have left Australia.
- If applicable, a document showing a change of name if it has changed since you left Australia.

If your account balance is **over \$5,000**:

- A written statement from the Department of Immigration and Citizenship (DIAC) stating that (i) you were a temporary resident whose visa has expired or been cancelled, and (ii) you have left Australia. To obtain this statement, you must complete a *Form 1194 Certification of Immigration Status*. DIAC will charge a fee for this. To obtain a copy of this form or for more information, visit [www.immi.gov.au](http://www.immi.gov.au) and search on '1194'.
- If applicable, a document showing a change of name if it has changed since you left Australia.

### Section 7: Declaration and signature

I declare that:

- All details provided in this form are true and correct.
- By signing this form I acknowledge that I have read the current PDS and Reference Guides for Accumulate Plus.
- I am or was a temporary resident who met one of the conditions of release in section 5 on or after 1 April 2009.
- I have read and understood the important information provided with this form.
- The fund and/or its related entities will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where the fund refuses to process a transaction or ceases to provide me with a product or service, including in circumstances where the fund reasonably believes that I am a Proscribed Person. A 'proscribed person' means any person or entity who the fund reasonably believes to be (i) in breach of the laws of any jurisdiction prohibiting money laundering or terrorism financing, or (ii) on a list of persons with whom dealings are proscribed by Australian laws or the laws of another recognised jurisdiction. A 'proscribed person' includes any person or entity who the fund reasonably believes to be acting on behalf of, or for the benefit of, a person or entity referred to in (i) and/or (ii).
- If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it).
- I understand and consent to my information being collected, disclosed and used in accordance with the fund's privacy policy, which is available by contacting the fund or visiting [oursuperfund.com.au](http://oursuperfund.com.au) (under the 'Privacy' link on the homepage).

Member's signature

x

Print name

Date

dd / mm / yyyy

If you are signing under a Power of Attorney, please attach a certified copy of the Power of Attorney document, with each page of that document certified by a Justice of the Peace, Notary Public or Solicitor. If the Power of Attorney does not contain a sample of the Attorney's signature, please also supply a certified copy of the Attorney's identification documents, containing a sample of their signature, eg. Driver's Licence, Passport, etc. The Attorney will also need to complete an appointment of agent form (call us on 1800 023 928 for a copy).

**Important note:** If you joined the fund on or after 12 December 2007, you should also complete the attached *Identification and Verification* form (unless a completed form has been provided to us previously).

**Please return your completed form to Commonwealth Bank Group Super:**

**Mail:** GPO Box 4303, Melbourne VIC 3001

