

BENEFIT PAYMENT REQUEST FORM

Important Information

HOW TO CLAIM A BENEFIT

To claim a benefit you will need to complete the attached Benefit Payment Request form and return it to Mason Stevens Member Services together with the appropriate identification (refer to *Completing Proof of Identity section*). Please read the following information to assist you with completing this form.

PRESERVATION COMPONENTS

Your superannuation benefits are classified into three components: preserved, restricted non-preserved, and unrestricted non-preserved. These components determine when they may be paid to you.

Unrestricted non-preserved

These are benefits that have previously satisfied a condition of release and are payable at any time.

Restricted non-preserved

Restricted non-preserved benefits are benefits that will become unrestricted non-preserved when you cease working for your current employer.

Preserved

Preserved benefits must be retained within the superannuation environment until you satisfy one of the following conditions of release.

You are deemed permanently retired if:

- » You are aged 65 and over; or
- » You are between the age of 60 and 65 and have ceased employment after reaching age 60; or
 - You can only access the benefit accumulated up to the date you ceased employment
 - If you re-commence employment with another employer, the contributions generated from that employment remain preserved unless you meet another Condition of Release)
- » You have reached preservation age (see below), ceased employment and do not intend to work 10 hours or more per week.

Preservation Age is defined as the age a member of a superannuation fund may access their preserved portion of their benefit.

Your preservation age depends on your date of birth:

Date of Birth	Preservation Age
Before 1 July 1960	55
Between 1 July 1960 and 30 June 1961	56
Between 1 July 1961 and 30 June 1962	57
Between 1 July 1962 and 30 June 1963	58
Between 1 July 1963 and 30 June 1964	59
Born after 30 June 1964	60

TAXATION IMPLICATIONS ON A WITHDRAWAL

A lump sum withdrawal from Mason Stevens Super will be treated as a superannuation benefit payment. A superannuation benefit may be rolled over to another superannuation fund, accumulation or pension fund.

For further information on the tax implications of a withdrawal, please refer to The Mason Stevens Super PDS Additional Information Guide available at www.masonstevens.com.au/super

The Australian taxation system is complex and it is recommend that you speak with your financial or tax adviser for further information about how tax may apply with respect to your personal circumstances.

WITHDRAWAL PROCESS

When you request to withdraw your benefit, your request will be calculated using the next available account valuation.

CONDITIONS OF RELEASE

In order to access your Preserved or Restricted non-Preserved components you must first meet one of the conditions of release;

Retirement

Upon permanent retirement from the workforce and after reaching your Preservation Age, your retirement benefit will be your full account balance (less fees and tax).

Permanent Incapacity

Permanent Incapacity benefit is payable if, after considering relevant evidence, including medical reports, you are determined to be physically or mentally incapacitated to such an extent that you are unlikely to ever be able to work for reward again. Please refer to your insurance policy for a more detailed definition of "Permanent Incapacity". You will be advised of any additional requirements upon receipt of this form.

Terminal Illness

Terminal Illness benefit is payable where two registered medical practitioners (with at least one being a specialist practicing in the area related to the illness or injury) have certified that you suffer an illness or injury that is likely to result in death within a 24 month period. For more details, please contact Member Services.

Specified Compassionate Grounds

The release of benefits on specified grounds will be assessed by the Department of Human Services (DHS) against strict criteria. An application form has to be submitted to DHS if approved by DHS, the request is then referred to Mason Stevens Super to release your benefit. For more details, please contact Member Services.

Financial Hardship

This benefit may be available to members who are in severe financial hardship and are on Commonwealth Income Support payments and have been for more than 26 continuous weeks. For more details, please contact Member Services.

Temporary Residents

If you are a temporary resident and are leaving Australia permanently you may be able to claim your superannuation. For more details, please contact Member Services.

YOUR TAX FILE NUMBER (TFN)

Under the Superannuation Industry (Supervision) Act 1993, Mason Stevens Super is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The Trustee may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request us in writing that your TFN not be disclosed.

It is not an offence not to quote your TFN. However providing your TFN will have the following advantages (which may not otherwise apply):

- » the fund will be able to accept all types of contributions to your account/s;
- » the tax on contributions to your superannuation account/s will not increase;
- » other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- » it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

PRIVACY

When we collect your personal information, it is securely stored and will only be used and disclosed to authorised personnel, service providers and third parties in order to:

- » administer your superannuation account
- » benefit payments
- » direct marketing

For a copy of the Privacy Policy, visit www.masonstevens.com.au/super or contact us on 1300 491 766. Our Privacy Policy sets out how you can access information about your benefit and personal details, correct any information which is inaccurate or out-of-date and information on our privacy complaints process.

INSURANCE COVER

If you have any Death and TPD and/or Death Only cover, this will cease upon your exit from the fund or when your account balance is unable to meet the required premium payments, unless you indicate to 'continue' your cover.

COMPLETING PROOF OF IDENTITY

As well as providing your residential address on this form, you must provide at least one of the following documents as proof of your identity. Failure to do so will result in your benefit payment being delayed or not processed:

- » A certified photocopy of your current passport, or (if it was issued by the Commonwealth) a passport that expired less than two years ago; or
- » A certified photocopy of your current driver's licence; or
- » A certified photocopy of your birth certificate/citizenship certificate or Centrelink pension card AND a certified photocopy of a current rates/electricity notice or Australian Taxation Office assessment showing your current address; or A certified photocopy of a card issued to you under a law of a State or Territory for the purpose of proving your age which contains your photograph: or
- » A certified photocopy of your national identity card issued by a foreign government, the United Nations or an agency of the United Nations.
- » If you are having difficulties meeting these identification requirements, please contact Member Services on 1300 491 766.

BENEFIT PAYMENTS MADE VIA ELECTRONIC FUNDS TRANSFER ('EFT')

For an EFT paid directly to your own personal or joint bank account (for Lump Sum Payments) or a bank account in the name of your SMSF (for a Rollover Payment), we will require you to provide certified copies of:

- » A bank statement or deposit slip in either your own name, joint names or in the name of the SMSF.

ROLLOVER TO A SELF MANAGED SUPERANNUATION FUND

As well as providing the certified copies of your Proof of Identity, you are also required to provide a certified copy of:

- » ABN number, or the ABN Notification provided to you by the ATO.
- » Front page and signature page of the Trust Deed.
- » A bank statement showing the account holder(s) details.

CERTIFIED COPIES OF DOCUMENTS

All copied pages of ORIGINAL proof of identity documents need to be certified as true and correct copies. There are a range of people who are able to certify documentation, including:

- » A permanent employee of Australia Post with two or more years of continuous service;
- » A finance company officer with two 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 two 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.

Copies of originals that are not certified by one of the above entities will not be accepted.

Should you require a full list of people who are eligible to certify documentation, please contact Member Services on 1300 491 766.

BENEFIT PAYMENT REQUEST

SECTION 1 MEMBER DETAILS

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other:	<input type="text"/>	Member Number:	<input type="text"/>
Given Name(s)				Surname			
<input type="text"/>				<input type="text"/>			
Date of Birth		Email Address					
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>		
Residential Address							
<input type="text"/>							
Suburb			State			Postcode	
<input type="text"/>			<input type="text"/>			<input type="text"/>	
Postal Address (if different to above):							
Address							
<input type="text"/>							
Suburb			State			Postcode	
<input type="text"/>			<input type="text"/>			<input type="text"/>	
Home Number				Mobile Number			
<input type="text"/>				<input type="text"/>			

SECTION 2 PAYMENT TYPE

Accumulation

- | | |
|---|--|
| <input type="checkbox"/> Full Rollover to Other Fund – complete sections 3, 5 and 6 | <input type="checkbox"/> Partial Rollover to Other Fund – complete sections 3, 5 and 6 |
| <input type="checkbox"/> Full Lump Sum Cash Withdrawal – complete sections 3, 4 and 6 | <input type="checkbox"/> Partial Lump Sum Cash Withdrawal – complete sections 3, 4 and 6 |

TTR/Pension

- | | |
|---|--|
| <input type="checkbox"/> Full Rollover to Other Fund – complete sections 3, 5 and 6 | <input type="checkbox"/> Partial Rollover to Other Fund - complete sections 3, 5 and 6 |
| <input type="checkbox"/> Full Lump Sum Commutation – complete sections 3, 4 and 6 | <input type="checkbox"/> Partial Lump Sum Commutation – complete sections 3, 4 and 6 |
| <input type="checkbox"/> Ad-Hoc Pension Payment – complete sections 3 and 6 (for TTR maximum pension payment of 10% PA applies) | |

Mason Stevens Super ABN 34 422 545 198 Reg Number R1004168

P: 1300 491 766 E: admin@mssuper.com.au M: PO Box R1237, ROYAL EXCHANGE, NSW 1225

Trustee: Diversa Trustees Limited ABN 49 006 421 638

RSE License Number L0000635 AFSL License 235153

SECTION 3 PAYMENT DETAILS

Full Account Balance

Partial Withdrawal of \$

Electronic Funds Transfer

Name of Institution

Account Name

Account Number

BSB Number:

SECTION 4 CONDITIONS OF RELEASE

Please tick one box only

Reaching preservation age (refer to the 'Preservation Table' on page 1 of Important Information section), retiring from gainful employment and no intention to work again

Reaching age 60, on or before ceasing employment

Date Ceased Employment

 / /

Attaining at age 65 or over

Other conditions

Temporary Residents Departing Australia*

Specified Compassionate Grounds (DHS approved)*

Financial Hardship*

Terminal Illness*

Permanent Incapacity*

I have terminated gainful employment with a standard employer-
sponsor and have an account balance of less than \$200

* **Additional documentation will be required. Please refer to Important Information section and contact Member Services on 1300 491 766 for more details.**

SECTION 5 ROLLOVER OR TRANSFERRING YOUR BENEFIT

Complete the below details about the receiving Fund

Name of Receiving Fund

Your Member Number in the Receiving Fund

Unique Superannuation Identifier (USI)

Receiving Fund's Australian Business Number (ABN)

Receiving Fund's Postal Address:

Suburb

State

Postcode

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Note: Insurance Cover

1. A full withdrawal of your Mason Stevens Super benefit will cancel your existing insurance cover. The 'Exit Statement' will provide further details on your insurance cover at that time.
2. A partial withdrawal will not affect your existing insurance cover provided you have sufficient funds in your account to meet the insurance premiums should you wish to retain cover.
3. Should you wish to continue your existing cover, please contact your advisor.

SECTION 6 MEMBER DECLARATION

Please tick one of the statements

I am an Australian Citizen, New Zealand citizen or permanent resident of Australia OR

I am a temporary resident leaving Australia

Please confirm

I have provided a certified copy of my identification (You must attach certified documentation, Refer to 'Completing Proof of Identity' and 'Certified copies of documents' section for more information)

My Tax File Number

Before you provide your Tax File Number, please read 'Your Tax File Number' within the important information section.

I declare that:

- » The information provided on this form is true and correct;
- » I consent to the collection and disclosure of my personal information for the purpose outlined on the Privacy Act 1998;
- » I have read and understood the important information provided with this form;
- » 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 must be submitted with this application unless it has already been provided); and
- » I authorise Mason Stevens Super to pay my benefit in accordance with the instruction provided above.

Member's Signature

Date

 / /

Please return the completed Benefit Payment Request to

Mason Stevens Super

If you have any questions regarding this form or your membership, please contact Member Services on 1300 491 766.

PLEASE NOTE AN INCOMPLETE BENEFIT PAYMENT REQUEST FORM WILL RESULT IN PAYMENT DELAYS

OFFICE USE ONLY – MASON STEVENS SUPER MEMBER SERVICES

All Supporting Documents attached

Checked By

Process / Effective Date

Authorised By

Mason Stevens Super ABN 34 422 545 198 Reg Number R1004168

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