# Super and Pension Withdrawal/Rollover form



Mason Stevens Limited ABN 91 141 447 207 AFSL 351578

Mason Stevens Super ABN 34 422 545 198 RSE Registration Number R1004168

Trustee: Diversa Trustees Limited ABN 49 006 421 638 RSE License Number L0000635 AFSL License 235153

If you answer NO to any one of the following please DO NOT submit the form as we will not be able to process your request.

- Have you provided all of the details required to process your withdrawal or rollover?
- · Is there sufficient cash in the Self-Directed Portfolio for this withdrawal or rollover?
- · Have all the expected distributions and dividends been received into the Self-Directed Portfolio?
- Will the Self-Directed Portfolio cash balance maintain the required minimum balance after the withdrawal or rollover (only applicable for partial withdrawal/rollover)?

•	s the mailin	ng address up to date for this account?						
		nation on preservation, on accessing your supe al Information Guide, available at <u>masonsteven</u>			or pension, please refer to	the Mason Stevens		
		is box if you have provided special instructor cover letter.	tions from the	client in I	relation to this withdrawa	l or rollover on		
Υοι	ur accou	int details (funds will be debited	from this ac	count)		1		
Acco	ount numbe	er	Mobile	number				
Acco	ount Name							
Wit	thdrawal	/Rollover details				2		
A.	What typ	e of transaction is this?						
	Roll	lover						
	Pen	Pension payment (ad hoc pension payments will count towards your minimum pension payment for the financial year)						
	Lump sum payment (lump sum payments will <b>not</b> count towards your required minimum pension payment for the financial year)							
	Re-	contribution. Please withdraw from account						
		and re-contribute into account			the amount of \$			
	Proceed	to Section 4.						
B.		full withdrawal/rollover?						
	No, you	please specify the gross amount (ie. inclusive want to withdraw or rollover:	e of any tax)					
	Yes	, please close this account once the full withd	rawal/rollover is	complete	d.			

C.	If your account has outstanding transactions (eg. redemptions, corporate actions, fees to be paid, suspended funds, distributions/dividends) would you like us to transfer as much benefit as possible now, and the remainder when it is all available in the Self-Directed Portfolio cash balance?								
	Yes, please transfer as much benefit as you can, and the remainder when it becomes available in the cash account.  No, please wait for all funds to become available in the cash account and transfer all benefits in one go.								
Ins	surance cover								
1.	By instructing us to fully withdraw your benefits and close your account, you are also instructing us to cancel any existing insurance held on the account. Your exit statement will provide further details on your insurance cover at that time. Please speak with your adviser about your insurance cover.								
2.	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.								
Ηον	w would you like the benefit paid?								
Α.	Rollover to a self managed super fund (SMSF)								
	Super fund/account name								
	BSB number Account number								
	ABN								
	SMSF Electronic Service Address:								
	EFT payments please attach a bank statement that is less than 6 months old for validation purposes. Please ensure the account								
IIIIIII	mber, BSB and account name are clearly visible.  Copy of bank statement attached (not required for credits into another Mason Stevens account).								
В.	Rollover to another APRA-regulated superannuation fund								
	Fund name								
	ABN Unique Superannuation Identifier (USI):								
	Account/Membership/Policy number:								
If you	u are rolling over to another APRA-regulated superannuation fund please also provide the destination fund's USI number.								
C.	Withdraw to an external account  Deposited into my bank, building against as gradit union account an your record.								
Deposited into my bank, building society or credit union account on your record									
	Deposited into my bank, building society or credit union account nominated below								
	Add the account specified below as a nominated account:								
	Name of financial institution								
	Account name								
	BSB number								

	ase select only ONE of the following. If you are age 65 or over, or only accessing section does not apply.	unrestricted non-preser	ved benefits,	
	I am less than age 60 but have reached my preservation age and an arrangement under which I was gainfully employed has come to an end. I intend never to again become gainfully employed for 10 or more hours each week.			
	I am aged between 60 to 64 inclusive, and an arrangement under which I was gainfully employed has come to an end on or after I attained the age of 60.			
	I am aged between 60 to 64 inclusive, and an arrangement under which I was gainfully employed has come to an end.  I intend never to again become gainfully employed for 10 or more hours each week.			
	I am applying for a withdrawal under one of the conditions of release that allow supplied the relevant documentation to enable to trustee to assess my applicat		erannuation. I have	
De	duction Notices (for Super only)		5	
a de You	n must complete this section if you have made a personal contribution in the current eduction on the personal contribution.  I cannot lodge or vary a deduction notice for contributions once a pension has commutatibutions and in certain other circumstances.			
		For contributions made in the current financial year	For contributions made in the prior financial year	
a) (	Contribution(s) made in the <b>financial year</b> ending:	30 June 20	30 June 20	
Ć	<b>Personal contributions</b> (covered by this notice) that I will be claiming as a tax deduction (this amount is in addition to any amounts included in earlier deduction notice(s) for the relevant financial year).	\$	\$	
r	<b>/arying an earlier notice:</b> If you are varying an earlier deduction notice by reducing the amount you wish to claim please state the total deduction amount you wish to claim for the entire financial year.	\$	\$	

Declaration

By signing this request form I am making the following statements:

- I authorise my registered financial adviser to redeem assets in my account to the amount specified in section 2 at market rates and until sold
- If my adviser fails to redeem assets within 2 business days
  of being contacted to sufficiently provide the amount of
  cash required, or where I do not have a registered financial
  adviser, I authorise Mason Stevens to redeem assets to the
  amount specified in section 2 at market rates and until sold
- This instruction will be acted on and effected by Mason Stevens as soon as practicable
- in having my assets redeemed, I acknowledge the transaction fees as well as any costs related to the breaking of any term deposits I hold, as disclosed in the applicable offer document

- if the destination fund is a self managed superannuation fund (SMSF), I confirm that I am a member of the SMSF
- I agree to retain the original form if I am submitting this form to Mason Stevens via electronic means and will provide to Mason Stevens upon request
- where I am closing my account, I authorise Mason Stevens to cancel any insurance I may hold in my accountt
- I acknowledge that my instructions will only be processed when the required redemptions have settled in my Self-Directed Portfolio.

If you have completed the Deduction Notice in section 5 and you have not previously lodged a notice with the fund for these contributions

### I confirm:

- I am lodging this/these notice/s before both of the following
  - the day that I lodged my income tax return for the year stated for the respective contribution(s), and
  - the end of the income year after the year stated for the respective contribution(s)
- at the time of completing this notice:
  - I intend to claim the personal contributions stated in the deduction notice (in section 5) above as a tax deduction
  - the trustee has not begun to pay a pension based in whole or part on these contributions
  - I have not included these contributions in an earlier notice
  - » the fund still holds these contributions
- I understand that I may not be able to vary this notice after the withdrawal/rollover has occurred
- the information given on this form is correct and complete.

If you have completed the Deduction Notice in section 5 and have already lodged a notice with the fund for these contributions and wish to reduce the amount stated in that notice

### I confirm:

I intend to claim the personal contributions stated in the deduction notice in section 5 above as a tax deduction

- I wish to vary my previous notice for these contributions by reducing the amount I advised in my previous notice. I confirm that either:
  - I have not yet lodged my income tax return for the year stated for the contribution and this variation notice is being lodged on or before 30 June of the following financial year, or
  - the Tax office has disallowed my claim for a deduction for the relevant year stated for the respective contribution and this notice reduces the amount stated in my previous notice by the amount that has been disallowed.

## If you are making a withdrawal from a transition to retirement pension

I acknowledge that if I have declared I have met a condition of release, my existing pension will be converted to a standard account-based pension prior to the withdrawal/rollover being processed. The value of the pension at the time of conversion will be reported to the Australian Taxation Office for transfer balance cap reporting purposes.

# If you are making a withdrawal from a pension

- I confirm that I have met the minimum pension requirement for the year.
- If closing a pension account, I authorise Mason Stevens to pay the remaining minimum pension payment requirement prior to closing my account.
- In the event I request for a withdrawal from a pension that results in the remaining balance being more than the minimum pension for the year, I authorise Mason Stevens to pay part of the withdrawal amount as a pension payment to satisfy the minimum pension requirements. I acknowledge this may alter the tax or transfer balance cap outcomes of the withdrawal.

This form must be signed by the account holder or the account holder's agent under power of attorney.

Signature			
Date	_		
DD / MM / YYYY			
Name			

Please complete and return the form via email to admin@mssuper.com.au or via mail to PO Box R1237, Royal Exchange, NSW 1225. Please ensure you have completed all of the sections applicable to your circumstances. If you answer NO to any one of the questions at the top of the form please do not submit the form as we will not be able to process your request. If you have any queries about completing this form please contact us on 1300 491 766.