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)?
- Is the mailing address up to date for this account?

For more information on preservation, on accessing your superannuation as a lump sum or pension, please refer to the Mason Stevens Super Additional Information Guide, available at masonstevens.com.au/superaig

☐ **Check this box if you have provided special instructions from the client in relation to this withdrawal or rollover on an email or cover letter.**

Your account details (funds will be debited from this account) 1

Account number _____ Mobile number _____

Account Name _____

Withdrawal/Rollover details 2

A. What type of transaction is this?

☐ Rollover

☐ Pension payment (ad hoc pension payments will count towards your minimum pension payment for the financial year)

☐ Lump sum payment
(lump sum payments will **not** count towards your required minimum pension payment for the financial year)

Proceed to Section 4.

B. Is this a full withdrawal/rollover?

☐ No, please specify the gross amount (ie. inclusive of any tax) you want to withdraw or rollover: **$** _____

☐ Yes, please close this account once the full withdrawal/rollover is completed.

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.

Insurance 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. 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.

How would you like the benefit paid? 3

A. Rollover to a self managed super fund (SMSF)

Super fund/account name

BSB number ___ – ___ Account number _____

ABN

SMSF Electronic Service Address:

For EFT payments please attach a bank statement that is less than 6 months old for validation purposes. Please ensure the account number, BSB and account name are clearly visible.

☐ Copy of bank statement attached (not required for credits into another Mason Stevens account).

B. Rollover to another APRA-regulated superannuation fund

Fund name

ABN Unique Superannuation Identifier (USI):

Account/Membership/Policy number:

If you 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 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 ___ – ___ Account number _____

Accessing your benefits (for withdrawals only) 4

Please select only ONE of the following. If you are age 65 or over, or only accessing unrestricted non-preserved benefits, this section does not apply.

☐ 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 allows me access to my superannuation. I have supplied the relevant documentation to enable to trustee to assess my application.

Deduction Notices (for Super only) 5

You must complete this section if you have made a personal contribution in the current or prior financial year and intend to claim or vary a deduction on the personal contribution.
You cannot lodge or vary a deduction notice for contributions once a pension has commenced based in whole or part on the contributions 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 **financial year** ending:	30 June 20 ☐	30 June 20 ☐
b) **Personal contributions** (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).	$ ☐	$ ☐
c) Varying an earlier notice: 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 7

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, Mason Stevens may 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 account
- I acknowledge that my instructions will only be processed when the required redemptions have settled in my Self-Directed Portfolio
- I understand that, prior to processing my withdrawal request, Mason Stevens may request and require additional verification documents, including a bank statement and/or certified identification, and that my withdrawal may be delayed until such requirements have been satisfactorily met.

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 dates:
  - » 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.