

Super cash withdrawal request

Please read the **Important information** on **page 8** before making your withdrawal.

For rollovers, please use the Rollover request form available on mlc.com.au

For withdrawals due to financial hardship/compassionate grounds, permanent disability or terminal illness, please use the relevant form available on mlc.com.au

We can only accept your request if the form is correctly completed.

We respect your privacy and handle your information in accordance with our privacy policy, available on mlc.com.au/privacy

1. Your account details						
Account number	Customer number (if kno	wn)	Contact	telephone (b	ousiness hou	ırs)
		,				,
Title		First name				
Mr Mrs Miss Ms O	other					
Middle name		Family name				
Date of birth (DD/MM/YYYY) Em	ail					
Residential address (we can't accept a F	PO Box)					
Unit number Street number	Street name					
Suburb	State Postco	de	Country			
Postal address (if different to residential)						
PO Box number Unit number	Street number St	treet name				
Suburb	State Postcod	e (Country			

NULIS Nominees (Australia) Limited ABN 80 008 515 633 AFSL 236465

MLC Super Fund ABN 70 732 426 024

1. Your account details continued

For Sole Traders

If you're a Sole Trader, please provide the information below.

Business name (if any)				
Address of principal place of business (if di	fferent to reside	ntial address above).	We can't accept a PO Box.	
Unit number Street number	Street name			
Suburb	State	Postcode	Country	
Australian Business Number (ABN) (if any)				
2. Your Tax File Number (T	FN)			
Have you previously provided us with your	TFN?			
No Please write your Tax File Num Yes Please go to Section 3 .	ber in the box pr	rovided below.		
Tax File Number (TFN)				

You don't have to provide your TFN, and it isn't an offence if you don't, however, if you don't:

- personal contributions will be rejected
- additional tax will apply to employer and salary sacrifice contributions
- any withdrawals may be taxed at the highest marginal tax rate inclusive of the Medicare levy.

Your TFN is confidential, and we are authorised to collect and disclose your TFN under the Superannuation Industry (Supervision) Act 1993 and Privacy Act. We may use your TFN only for lawful reasons, in paying out money, identifying or combining superannuation benefits. Your TFN may be disclosed to the trustee of another Fund or RSA provider if your benefits are transferred, unless your request in writing for it not to be disclosed.

Please go to Section 3.

3. Your contributions

If you're invested in a **Whole of Life, Endowment** or **Pure Endowment** policy unless we are advised otherwise, all contributions will be treated as personal contributions for which you are not claiming a tax deduction.

In the table below, show the contribution type and amount for the current and previous financial years.

Contribution type	Current financial year 1/7/ 30/6/	Previous financial year 1/7/ 30/6/
Personal contributions	\$	\$
Other contributions	\$	\$
Employer contributions	\$	\$
Total contributions	\$	\$

4. Claiming a tax deduction for personal contributions
Do you want to claim a tax deduction for personal contributions made to your account in the current or previous financial year?
No Please go to Section 5 .
Yes Please complete and return a Notice of intent to claim or vary a deduction for personal super contributions form.
Please go to Section 5.
5. Your cash withdrawal details
Residency status
Are you:
• an Australian citizen, or
a New Zealand citizen, or
• the holder of a retirement visa subclass 405 or 410, or
a permanent Australian resident?
No We'll need a Departing Australia superannuation payment withdrawal form to process your request. Contact us on 132 652 for details.
Yes Please choose the relevant reason for cash withdrawal.
Reason for cash withdrawal If you don't meet any of these conditions, you won't be able to make a cash withdrawal. Please see page 8 Important information for more details on cash withdrawals. Please select one of the following reasons for your withdrawal:
I have reached preservation age and intend never again to become gainfully employed for more than 10 hours per week.
My date of retirement was (DD/MM/YYYY)
I have reached age 65.
I wish to withdraw 'unrestricted non-preserved' money.
My account balance is less than \$200.00 and my total preserved benefit is less than \$200.00. I have ceased employment with the sponsoring employer of this fund.
I'm aged 60 to 64 and have left the service of an employer since reaching the age of 60.
Date left employer was (DD/MM/YYYY)
If you choose the reasons below we'll need supporting documentation to process your withdrawal.
I wish to withdraw money from my 'restricted non-preserved' benefit and I have attached a letter from my previous employer confirming the date I ceased employment and that the employer contributed to the MLC Super Fund on my behalf whilst I was employed.

Please go to **Section 6**.

6. Cash withdrawal amount

lf١	ou're closina	vour MLC account.	please read the Ir	nportant information on p	age 8.

If your withdrawal includes understand that if you exc	a protec eed the ar	ted investment option, please mount available for withdrawal, th	tick the box to confirm you've c is will impact the protection on th	necked you nis investm	ur balance and ent option.
How much of your investme	ent do you	want to withdraw?			
Full withdrawal		Please go to Section 7 .			
Part withdrawal		Please specify the amount requ	uired. \$		
		components at the time of the v		mponents	s in proportion to those
		Tax deduction restrictions may	apply to your part withdrawal.		
		For all MasterKey products ple	ease complete the Investment o	ptions def	tails below.
Investment options					
From which investment opti	ons do yo	u wish to deduct your partial with	drawal?		
Pro rata across all investment options		Please go to Section 7 .			
From specific investment options		If relevant, please complete the	table below.		
Please note that if no selecti	ion is mad	le, your withdrawal will be made p	oro rata across all investment opt	ions.	
Please write the full name	of the inv	estment option	Perc	entage	Amount
				%	\$
				%	\$
				%	\$
				%	\$
				%	\$
				%	\$
Please go to Section 7. 7. Your payment of		1			
How would you like to receive					
By cheque	ve your pa	Please go to Section 8 .			
By electronic transfer		_	ls below. We can only transfer to	an Austral	ian hank
by electronic transier			name where you're an account h		iai i Dai ik
Name of financial institution	/bank				
Name of account holder(s)					
TVAITIE OF ACCOUNT HORGER(S)					
BSB		Account number			

Please go to **Section 8**.

8. Proof of identity

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to identify you and verify your identity before we can process your instructions.

To verify your identity please complete the below.

To verify your identity please complete the below.	
Option 1: Verify my identity electro	nically
	ont for the Trustee to verify my identity by disclosing my name, residential address by confirming the authenticity of my Government issued identification with relevant rovider.
Please provide details for any TWO of the following	ng forms of identification:
Drivers Licence	
Full Name (as it appears on your Driver's Licence)	
Licence Number	State of Issue
Expiry Date Card Number	
	<u> </u>
If present, the card number is different to the licen	ice number
Medicare card	
Full Name (as it appears on your Medicare card)	
(2011-2011-2011-2011-2011-2011-2011-2011	
Card Colour (please tick)	Valid to (MM/YYYY or DD/MM/YY)
Green Blue Yellow	
Medicare Card Number	Individual reference number (the number to the left of your name)
Australian passport	
Full Name (as it appears on your Passport)	
Passport Number	Expiry Date (DD/MM/YYYY)
Australian visa (foreign passport holders)	
Full Name (as it appears on your Passport)	

Passport Number Expiry Date (DD/MM/YYYY)							YY)						

Country of Issue

Option 2: Already Provided

You or your financial adviser have previously provided us with identification, or you have verified your identity via 'Verify your Identity' on the Personal Details page of your **online** account.

Option 3: I want to provide certified identity documents

I have attached certified paper copies of identification in line with the requirements set out in the Proof of Identity guide available at mlc.com.au

Please go to **Section 9** to authorise this transaction.

9. Your agreement and declaration

lagree:

- if my completed request is received before 3.00 pm AEST/ AEDT, it will usually be processed using the unit price for that business day (which is calculated at the end of the day)
- if my completed request is received after 3.00 pm AEST/AEDT, it will usually be treated as having been received the next business day
- where I have invested into an illiquid investment option, or an investment option I have has become illiquid, we may take longer than 30 days to transfer out of the investment option
- if my policy has an insurance component any withdrawal may affect the value of my policy and/or current insurance cover.

There are times when we might not be able to process your withdrawal instructions, for example when:

- there are liquidity issues in the investment
- the fund manager suspends transactions
- we can't obtain a price
- · the instruction is incomplete, and
- unforeseen circumstances prevent us from using our administration systems.

Before requesting this withdrawal I have considered the information in the relevant **Product Disclosure Statement** and/or **Annual Report** about the investment options I have selected. I have also reviewed the information on the management of my account in the **How to Guide** or **Product Disclosure Statement**. These documents are available on **mlc.com.au** or by contacting us.

NAB Term Deposits

I understand NAB Term Deposits are invested for a fixed term Early access to part or all of my investment prior to maturity will:

- require 31 days notice, in addition to our processing time, and
- potentially be subject to a reduced amount of interest to offset the costs to NAB of the early withdrawal.

Withdrawal requests that reduce the minimum of my other investment option(s) below 10% of my account balance may not be processed.

MLC MasterKey Business Super account closures

The Trustee can't process my request until my employer confirms all outstanding contributions have been received.

Exit fees

Any exit fees relevant to my withdrawal will be deducted from my account. For more details, please see **Important information** on **page 8**.

UK pension transfers

I understand that if part of my benefit contains a UK transfer amount, there may be UK tax implications.

Signature of Investor or Attorney

Name	
Y	Date (DD/MM/YY)

If signed under Power of Attorney: Attorneys must attach a certified copy of the Power of Attorney and identification for themselves (go to mlc.com.au to download the relevant identification form) if not already supplied. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Power of Attorney documents can't be faxed.

10. Send us your form

Please mail or fax your completed, signed and dated form to:

NULIS Nominees (Australia) Limited PO Box 200 North Sydney NSW 2059

Fax number: 02 9964 3334 Email: contactmlc@mlc.com.au

If you're providing identification documents, we'll need to receive certified copies of original document(s) via mail. Identification documents sent to us via email or fax will not be accepted.

If you have any questions, please speak with your financial adviser, call us on **132 652** Monday to Friday between 8 am and 6 pm (AEST/AEDT) or visit **mlc.com.au**

11. Financial adviser details

Listed servicing adviser use only. Thir	d party adviser not accepted.	
When lodging this request, please either:		
Provide certified copies of the member's	identification documents, or	
Complete the record of identification deta	ails below.	
Record of identification	Document 1	Document 2
Verified form	Original Certified copy	Original Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	N/A Sighted	N/A Sighted
Name of financial adviser		
Division number Adviser number		
Contact telephone number (business hours)	Fax number	
Email		

Important information

Please check through the following items which may help highlight some issues you need to take into consideration before making your withdrawal.

1. Are you closing your account with us?

If you have insurance

If you have premiums for any MLC insurance deducted from the account you want to close, your withdrawal may cause this insurance to be cancelled. Please call us to check if you're eligible to continue this insurance, and discuss your payment options.

If you've made personal contributions

If you've made personal contributions and believe you are eligible to receive unpaid government co-contributions, you should advise the Australian Taxation Office (ATO) on **131 020** of an alternative superannuation fund.

If you wish to split current year concessional contributions to your spouse

If you want to split current year concessional contributions to your spouse, or if you wish to split prior year concessional contributions to your spouse, you'll need to submit a Contributions splitting application form with your withdrawal form. This form is available on mlc.com.au

If you're closing an MLC MasterKey Business Super account

Before processing your request, we'll need to contact your employer to confirm your employment status and that no further employer contributions are due to be paid into your account.

2. Cash withdrawal

You can withdraw your unrestricted non-preserved benefit at any time.

Preserved and restricted non-preserved benefits are benefits that can't be cashed until you've met one of the conditions listed on this form. You can also find out more about accessing your super on **ato.gov.au**

If you're only partially cashing your benefit, your unrestricted and restricted non-preserved benefits must be paid before your preserved benefits.

Your preservation age is:

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
After 30 June 1964	60

3. Exit fees

Exit fees may apply to certain products. Please check your last statement, **mlc.com.au** or call us on **132 652** to see if they are applicable to your account before submitting your request.

4. Proof of identity - certification

You'll need to get your proof of identity documents certified by a person authorised to certify identification documents, under the Statutory Declaration Regulations (1993).

A person approved to certify identification documents must provide the following information:

If single page: This is to certify this is a true copy of the original which I have sighted.

If multiple pages: I certify that this and the following (number of pages) are a true copy of the original which I have sighted. Each following page must be initialled and dated.

- Write their:
 - full name
 - contact address and telephone number
 - date of certification
 - signature
- The capacity in which they have certified the document (eg Justice of the Peace, registered pharmacist, judge, magistrate, police officer etc)
- Add the official stamp or seal of the certifier's organisation.

A full list of people authorised to certify documents is available in the **Proof of identity guide** on **mlc.com.au**