

Cash withdrawal and additional income payment request

For rollovers, please use the Rollover request form.

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

Please don't photocopy this form as it contains unique information to help us process your request quickly.

1. Your account details							
Account number	Customer number (if known))	Contact to	elephone (b	usiness ho	ours)	
Title		First name					
Mr Mrs Miss Ms	Other						
Middle name		Family name					
Date of birth (DD/MM/YYYY) E	mail						
Residential address (we can't accept a	a PO box)						
Unit number Street number	Street name						
Suburb	State Postcode	Co	ountry				
2. Your tax file number	(TFN)						
Have you previously provided us with your	TFN?						
Yes Please go to Section 3 .							
No Please write your tax file numb	er in the box provided below.						
Tax File Number (TFN)							
You don't have to provide your TFN; he inclusive of the Medicare levy.	owever, if you don't, any with	ndrawals may	be taxed a	at the high	est marg	inal tax r	ate
Your TFN is confidential, and MLC is authopaying out money, identifying or combining							RSA

NULIS Nominees (Australia) Limited ABN 80 008 515 633 AFSL 23465

Please go to Section 3.

MLC Super Fund ABN 70 732 426 024

provider if your benefits are transferred, unless you request in writing for it not to be disclosed.

3. Your cash withdrawal details Please choose the relevant option and complete any details requested. Lump sum withdrawal Is this a transition to retirement pension? Please go to Section 5. Please go to Section 4. Please specify the amount required. \$ Additional income (pension) payment You can't exceed any maximum income level which applies to your pension. Your payments will be made according to your current drawdown strategy to your nominated pension payment bank account. Additional income (pension) payments may impact any Department of Human Services/Centrelink payments you receive. Check with your financial adviser or The Department of Human Services/Centrelink for more information. Please go to **Section 7** to authorise this transaction. 4. Reason for withdrawal Please choose the reason for your lump sum withdrawal from the following options. If you don't meet any of these conditions, you won't be able to make a lump sum withdrawal. I have reached my preservation age and have permanently retired. 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 have been or am a temporary resident and purchased a transition to retirement pension prior to 1/4/2009. Temporary residents who did not meet a condition of release prior to 1/4/2009 can only apply for a lump sum Departing Australia Superannuation Payment (DASP), except in limited circumstances. If you choose any of the reasons below, we'll need supporting documentation to process your withdrawal. I'm aged 60 to 64 and have left the service of an employer since reaching the age of 60. I have attached documentation from my previous employer confirming the date I ceased employment. 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 NULIS Nominees (Australia) Limited on my behalf whilst I was employed. More information can be found in the **How to Guide** available on **mlc.com.au** Please go to Section 5.

5. Your lump sum payment details

How much of your investment do you want to withdraw?

		ted investment option, please tick the box to confirm you nount available for withdrawal, this will impact the protection		
Full withdrawal		Please go to Section 6 .		
Part withdrawal		Please specify the amount required. \$		
		A part withdrawal will be taken out of the taxable and tax-frecomponents at the time of the withdrawal.	ee component	s in proportion to those
		Please complete the Investment options details below.		
Investment options				
From which investment option	s do yo	u wish to deduct your partial withdrawal?		
Pro rata across all investment options		Please go to Section 6 .		
From specific investment options		Please complete the table below.		
Please note that if no selection	is mad	e, your withdrawal will be made pro rata across all investmer	nt options.	
Please write the full name of	the inv	restment option	Percentage	OR Amount
		·	%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
		Total	%	\$
Please go to Section 6. 6. Your bank det	mils			
Please provide your bank deta bank account.	ils belov	w. If no bank account details are provided, we'll transfer the part of the par		
Name of account holder(s)				
BSB	A	Account number		
Please go to Section 7 to auth	norise th	is transaction.		

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7. 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.

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** about the investment options I have selected. I have also reviewed the information on the management of my account in the **How to Guide.** (These documents are available on **mlc.com.au**)

NAB Term Deposits

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

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 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.

8. Send us your form

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

MLC PO Box 200 North Sydney NSW 2059 Fax number 02 9964 3334

Please attach any identification documents required.

If you have any questions, please speak with your financial adviser, call us on **132 652** Monday to Friday between 8.00 am and 6.00 pm (AEST/AEDT) or visit **mlc.com.au**