



# IOOF ESSENTIAL

1 July 2019

## Withdrawal Form

- IOOF Essential Super
- IOOF Essential Pension

This form serves as your instruction to us on how to deal with your benefit. We recommend that you consult your licensed financial adviser to assist you in your decision making.

**Note: Former Temporary Australian Residents – Departing Australia Superannuation Payment** members will need to complete a Departing Australia Superannuation Payment (DASP) form or submit a DASP online application on the ATO website [www.ato.gov.au](http://www.ato.gov.au). To obtain a copy of this form, visit our website ([www.ioof.com.au](http://www.ioof.com.au)) or contact ClientFirst on 1800 913 118.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

### Step 1: Member details

Account type	<input type="checkbox"/> IOOF Essential Super	<input type="checkbox"/> IOOF Essential Pension	Account number	<input type="text"/>
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	
Given name(s)	<input type="text"/>			
Residential address	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>
Mailing address (if different from above)	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>
Phone (home)	<input type="text"/>	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>			
Date of birth	<input type="text"/>	/	<input type="text"/>	/
	<input type="text"/>		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## Step 2: Withdrawal instructions

### Full withdrawal

- Transfer my total benefit to the rollover fund in Step 6 of this form
- Pay my total benefit to me in cash (subject to the below conditions of release)
- Withdraw my non-preserved benefit in cash and transfer my preserved benefit to my nominated rollover fund in Step 6 of this form

### Partial withdrawal

- Cash
- Rollover (complete Step 6)
- Amount \$   Net  Gross (Unless indicated the amount shown will be net of tax)

### For members of IOOF Essential Pension

- Please treat this benefit as an additional pension payment, not a lump sum payment

**Please note:** All benefits paid in addition to your regular pension payments will be treated as a lump sum withdrawal unless you specify that it be treated as a pension payment.

## Step 3: Financial institution details – Lump sum (cash) withdrawal

- Please use my nominated financial institution for pension payments

or

- Please use my nominated financial institution for ad hoc withdrawals

or

- Please use the financial institution details provided below

Name of financial institution	<input type="text"/>
Account name	<input type="text"/>
BSB	<input type="text"/> - <input type="text"/> Account number <input type="text"/>

#### Note:

- If bank account details are not supplied, or unclear, the payment will be paid to you by cheque and sent to the above mailing address.
- Funds cannot be credited to a third party bank account.

## Step 4: Conditions of release

You may access your member benefit if you meet one of the criteria detailed below.

- I have reached preservation age\* and have permanently retired and intend never to become engaged in gainful employment for more than 10 hours per week
- I am aged 60 and less than 65 and on  /  /  have ceased a gainful employment arrangement since turning age 60
- I am aged 65 or over
- My benefit is unrestricted non-preserved as I have previously met a condition of release covering this benefit
- I wish to withdraw money from my restricted non-preserved benefit (I have attached a letter from my previous employer confirming the date I ceased employment and that the employer contributed to my IOOF Essential account on my behalf whilst I was employed)
- I have ceased employment with my last employer and my total benefit was less than \$200 at the time of termination (IOOF Essential Super only)
- Compassionate grounds as approved by the Australian Taxation Office (ATO) and I have attached the ATO approval letter\*\*
- I am permanently incapacitated (conditions apply). Please contact ClientFirst for further information.

\* Please refer to the **IOOF Essential general reference guide** for your preservation age.

\*\* Please note we can also accept an emailed copy of the ATO approval letter.

## Step 5: Rollover fund details

\* Indicates mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Fund name*																																				
ABN*	-			-			-																													
Unique Superannuation Identifier (USI)																																				
Account/ member number*																																				
Member client identifier (if different from Account/member number)																																				
Address																																				
Suburb																State				Postcode																
Phone																																				
Cheque made payable to (SMSF only)																																				

## Step 6: Claiming a tax deduction for personal superannuation contributions

Only complete this Step if you are eligible and wish to claim a personal tax deduction in the current and/or previous financial years. If you wish to claim for both financial years you will need to complete and attach a separate form for each financial year. If you do not submit a Notice of Intent to claim a tax deduction before you make a full or partial withdrawal, you may lose your ability to claim a tax deduction for some or all of your personal contributions to this super fund.

### Notice of intent to claim or vary a deduction for personal super contributions

#### Section A. Personal contribution details

Financial year ended	3	0	/	0	6	/	2	0			
My personal contributions to this fund covered by this notice	\$										
Is this notice varying an earlier notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
The amount of these personal contributions I will be claiming as a tax deduction	\$										

**Please note:** Failure to notify us of your intention to claim a tax deduction will result in you being unable to do so once you have exited the fund. Taking a partial payment may limit the amount you can claim in the future.

#### Declaration

Complete and sign one of the following statements that applies to you.

### Section B. Intention to claim a tax deduction

**Use this declaration if you have not previously lodged a notice for these contributions**

I am lodging this form before the earlier of the following dates:

- the day that I lodge my income tax return for the year stated in section 7A, and
- the end of the income year after the year stated in section 7A.

At the time of completing this notice:

- I intend to claim the personal contributions stated in section 7A as a tax deduction
- I am a member of the Fund
- the Fund still holds these contributions
- this super fund has not begun to pay a superannuation income stream based in whole or part on these contributions
- I have not included these contributions in an earlier notice.

The information given on this notice is correct and complete.

Member name

Member signature  Date  /  /

**OR**

### Section C. Variation of previous deduction notice

**Use this declaration if you have already lodged a notice with this fund for these contributions and you wish to reduce the amount stated in that notice.**

I intend to claim the personal contributions stated in section 7A 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 relevant year and this variation notice is being lodged on or before 30 June in the financial year following the year the contribution was made, or
- The ATO has disallowed my claim for a deduction for the relevant year and this notice reduces the amount stated in my previous valid notice by the amount that has been disallowed.

The information given on this notice is correct and complete.

Member name

Member signature  Date  /  /

### Step 7: Additional withdrawal payment instructions

### Specific investment withdrawal instructions

Investment fund name	Amount	OR Allocation (%)
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

If you do not select the investment options to be redeemed, your investments will be redeemed on the basis of your existing nominated Cash Account top-up method.

### Step 8: Member declaration

**Important note:** The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee’s privacy policy, available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

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

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my super provider for information about any fees or charges that may apply or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- If the fund I am transferring my benefit to is a Self Managed Superannuation Fund (SMSF), I confirm that I am a trustee or director of a corporate trustee of the SMSF.
- I discharge the Trustee of all further liability with respect to the benefits once paid to the fund I am transferring to.
- I understand that all investment options will be converted to cash prior to transferring out of the fund.
- I consent that where I have chosen an investment with a long withdrawal period (illiquid investments) or there are delays receiving proceeds from selling my investments, any withdrawal or transfer request may be delayed for more than 30 days.

**I request and consent to the transfer/withdrawal of super, as described above, and I authorise the super provider of each fund to give effect to this transfer.**

Member signature

Date  /  /

**Please forward all correspondence and enquiries to**

**Post** IOOF Essential, GPO Box 264 Melbourne VIC 3001  
**Telephone** 1800 913 118

**Email** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)  
**Web** [www.ioof.com.au](http://www.ioof.com.au)