

IOOF ESSENTIAL

1 July 2022

Account type

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.

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

IOOF Essential Pension

Step 1: Member details

(net of accrued liabilities).

your account.

IOOF Essential Super

Account number					
Title (Dr/Mr/Mrs/Ms/Miss)	Surname				
Given name(s)					
Step 2: Withd	rawal instructions				
Withdrawal type	e				
Rollover					
Lump sum paymer	nt				
Pension Payment ((members of IOOF Essential Pension only)				
Please note: For IOOF Essential Pension account holders, 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.					
Withdrawal/Roll	lover amount				
Please close my account and transfer my total benefit in accordance with my instructions					
OR					
I would like to ma	ake a partial withdrawal or rollover of \$				
Net Gross (unless indicated the amount shown will be ne	t of tax)			
Please ensure the follow	ving product minimums are maintained in the	account:			

• For any partial withdrawal in cash or by transfer to another super fund, you'll need to maintain at least \$6,000 in your account

• For any partial transfer to another super or pension account within the Fund, you'll need to maintain at least \$10,000 in

Step 3: Payment of Benefit

3a Lump sum withdra	wal
Please pay the withdrawal or	or pension payment to my nominated financial institution
Please pay the withdrawal	or pension payment to the following financial institution below:
Name of financial institution	
Account name	
BSB	Account number Account number
I want to update my nomina	ated financial institution with the above details for all future withdrawals & pension payments.
	t 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	
	sum withdrawal please ensure you complete Step 4: Conditions of Release. t as we will not be liable for mistaken payments based on incorrect details.
3b Rollover fund detail	
Fund name	
ABN Unique Superannuation Identifier (USI)	
Account/member number	
3c Rollover to a self-m	anaged super fund (SMSF)
Name of Financial Institution	
SMSF account name	
BSB	Account number Account number
ABN	
Electronic Service Address (ESA)	

Please note:

- Please attach a copy of the SMSF bank statement or transaction history that is less than 6 months old for validation purposes. Please ensure the account number, BSB and account name are clearly visible.
- An incorrect bank account will mean we cannot complete the rollover request. The bank account must be in the name of the SMSF.

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 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.

Step 5: 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 the column 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.

Warning

If you were 67 and over at the time of any contribution you are claiming, you must meet the work test or work test exemption for that financial year. If you do not the ATO will disallow your deduction and you will not be able to receive a full refund of contribution tax.

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

Contribution(s) made in the financial year ending	30 June 20	30 June 20
	\$	\$
Personal contributions made during the financial year		
Personal contributions (covered by this notice) that I will be claiming as a tax deduction		
Varying an earlier notice : if you are reducing an earlier deduction notice please state the total deduction amount you wish to claim for the entire financial year		

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.

^{*} Please refer to the IOOF Essential general reference guide for your preservation age.

 $[\]ensuremath{^{**}}$ Please note we can also accept an emailed copy of the ATO approval letter.

Step 6: Addition	al withdrawal payment in	struct	cions		
Specific investmen	t withdrawal instructions				
Investment fund name		_	Amount	OR	Allocation (%)
		\$			
		\$			
		\$			
		\$			
If you do not select the inve Cash Account top-up metho	stment options to be redeemed, your investr	— ments will	be redeemed on	the basis of your ex	isting nominated
Step 7: Proof of	dentity				
This step is only required	if you have not previously supplied your	proof of i	dentity.		
Please complete option 1 O	R option 2 below as proof of identity for supe	erannuatio	on entitlements.		
Option 1 – Electror	nic verification				
Please provide details for	any TWO of the following forms of identi	fication:			
Oriver Licence					
Full name (as it appears on y	our Driver Licence)				
First name					
Middle name					
_ast name					
Licence number				State	of issue
Address (as it appears					
on your Licence)			6		
Suburb			State	Postci	ode L
Expiry date	, , , , , , , , , , , , , , , , , , , ,				
Medicare card	vour Modicaro card)				
Full name (as it appears on y	our Medicare Card)				
First name					│ Middle initial │
Last name			Medicare		
Card colour (please tick) Individual reference number (number to the left of your nar)W	card number Expiry date	/	/
Australian passport					
Full name (as it appears on y	our passport)				
First name					
Middle name					
Last name					

Passport number

Australian visa (foreign passport l	nolders)
Full name (as it appears on your pass	port)
First name	
Middle name	
Last name	
Passport number	Country of issue
	tails above, I consent to its use to electronically verify my identity. I understand that my personal cure external service provider in order to match my information with identification data sources.
Option 2 – Certified copi	es of identification
-	es of identification. Each page must be certified as a true copy. Please refer to the 'Completing proof e for information on acceptable proof of identity documents and who can certify them.
Electronic verification if paper cop	pies of certified documentation are incorrectly certified or unable to be read.
certified documentation are incorrec	etails for the purpose of electronically verifying my identity where possible if the paper copies of my ctly certified or unable to be read. I understand that my personal information will be shared with a secure match my information with identification data sources. aration
Any personal information provide at www.ioof.com.au/privacy. By signing this form I am making I declare I have read this form	n in full and the information completed is true and correct.
The state of the s	tee for information about any fees or charges that may apply or any other information about the on my benefits, and do not require any further information.
 If the fund I am transferring n SMSF or director of the corpo 	my benefit to is a Self-Managed Superannuation Fund (SMSF), I declare that I am either a trustee of the prate trustee of the SMSF.
 I discharge the Trustee of all f transferring to. 	further liability with respect to the benefits once paid to the fund or financial institution I am
 I have considered the inform- redeem to fund my withdraw 	ation in the applicable Product Disclosure Statement about the investment options I have selected to val request.
 If I am making a full withdraw of the fund. 	val, I understand that all investment options will be converted to cash prior to transferring out
	stment with a long withdrawal period (or an existing investment has become illiquid) or there are om selling my investments, I acknowledge and agree any withdrawal or transfer request may be ys.
Member signature	Date / / /
Tax Deduction Notice	(if you completed step 5)
I confirm that I am lodging th	nis/these notice(s) before the earlier of either:
	ncome tax return for the year stated for the respective contribution(s), or
- the end of the income	e year after the year stated for the respective contribution(s).

- I confirm at the time of completing this notice
 - I intend to claim the personal contributions stated in the deduction notice (in section 5) 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.
- I confirm that the information on this form in relation to claiming a tax deduction is true and correct.

If you have completed the Deduction Notice in section 5 and have already lodged a notice with the fund for these contributions

- I confirm that I intend to claim the personal contributions stated in the deduction notice in section 5 above as a tax deduction.
- I confirm 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.
- I confirm at the time of completing this notice:
 - the trustee has not begun to pay a pension based in whole or part on these contributions
 - the fund still holds these contributions.
- I understand that I may not be able to vary this notice after the withdrawal/rollover has occurred.
- I confirm that the information on this form in relation to claiming a tax deduction is true and correct.

				_	
Member signature		Date	/	/	
Member signature		Date			

Please forward all correspondence and enquiries to

Post: IOOF Essential

GPO Box 264, Melbourne VIC 3001

Email: clientfirst@ioof.com.au

Telephone: 1800 913 118

Web: www.ioof.com.au