

BENEFIT PAYMENT REQUEST FORM



PARTIAL WITHDRAWAL

Please complete this form if you wish to make a partial withdrawal.

If you wish to close your account or you're the beneficiary of a Death Benefit please complete the *Benefit Payment Request – Account Closure* Form available online at energysuper.com.au

Please do not complete this form if the reason for your withdrawal request is one of the below:

- Total and Permanent Disablement, Permanent Incapacity or a Terminal Medical Condition
- Financial Hardship
- Departing Australia Superannuation Payment (DASP)

If you wish to withdraw your benefit due to any of these reasons, please contact us.

This form should be read in conjunction with the *How Super Works* Guide (for Defined Contribution members), the *Defined Benefit Handbook* (for Defined Benefit members) or the *Energy Super Income Stream Product Disclosure Statement (PDS)* or *Market Linked Pension (PDS)* (for Income Stream members), available online at energysuper.com.au

Remember, changing jobs or terminating work doesn't mean you have to change your super fund. You can leave your super benefit in the Fund and make withdrawals as you require (subject to eligibility). Both you and your new employer can contribute to the Fund. Please consider all your withdrawal options prior to requesting a benefit payment.

Please note: If you are exercising portability to roll over superannuation benefits to another fund you must leave a minimum of \$6,000 in your Energy Super account to keep it open. The Trustee also reserves the right to limit the number of benefit payments you can make, each financial year, if you are deemed to be excessively withdrawing or transferring benefits.

Please complete the form in **BLOCK** letters using blue or black pen. Print an 'X' to mark boxes where appropriate.

1. YOUR MEMBER DETAILS

Energy Super member number (if known):

Surname:

Title: Mr Mrs Ms Miss Dr

Given names:

Date of birth: (DD/MM/YYYY) / /

Residential address:

State: Postcode:

Postal address (if same as above, write "as above"):

State: Postcode:

Telephone (home):

Telephone (work):

Mobile:

Primary email:

Secondary email:

Are you an Australian or New Zealand citizen, or a permanent resident of Australia?
Yes No

Please note: You cannot make a partial withdrawal if you are claiming your benefits as a Departing Australia Superannuation Payment (DASP). Please visit ato.gov.au/departaustralia for more information on how to apply directly through the ATO's DASP online application system.

Do you intend to claim a tax deduction for any personal contributions you have made to the Fund (that you have not yet notified us about in writing)?
Yes No

If yes, please submit a *Deduction for Personal Super Contributions* Form before proceeding. This form is available online at energysuper.com.au

2. YOUR RECENT EMPLOYMENT INFORMATION (IF APPLICABLE)

Occupation:

Current employer:

Last employer who contributed to your super (if different):

The date you left your employer: (DD/MM/YYYY)
 / /

3. YOUR TAX FILE NUMBER (TFN)

I agree to provide my Tax File Number for the purposes outlined on page 4 of this form.

I advise that my Tax File Number is:

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4. YOUR REASON FOR THE WITHDRAWAL

Print an 'X' to mark the appropriate box/es that applies to you:

- I am aged between preservation age and 64 and have permanently retired (this means an arrangement under which I was gainfully employed¹ has come to an end and I do not intend to become gainfully employed¹ for 10 or more hours per week in the future).
- I am aged 60 – 64 and have terminated gainful employment¹ since reaching age 60 but have not permanently retired.
- I am age 65 or over.

Have you checked your insurance?

If you've marked one of the above boxes, you may want to review your insurance cover to ensure that your arrangements suit your needs as your circumstances change. Your current insurance cover will continue unless you advise us otherwise. You can check your current insurance arrangements by logging on to **Member Portal**.

- I am withdrawing unrestricted non-preserved² money from super.
- I wish to exercise portability and roll some of my super to another fund.
- I wish to transfer my Energy Super Income Stream to my Energy Super Defined Contribution account.
- I am withdrawing superannuation monies under compassionate grounds. If you're withdrawing due to compassionate grounds, please contact us first as you'll need to provide further evidence/information with this form.

¹Gainfully employed means employed or self employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

²An unrestricted non-preserved benefit is one that can be accessed at anytime (either in cash or to start an income stream).

5. PAYMENT INSTRUCTIONS

Print an 'X' in one or more of the options below and fill in all the required information.

OPTION 1 – CASH WITHDRAWAL

You can make lump sum withdrawals at any time, at no charge. The amount will be paid to your account less any applicable fees and taxes.

I wish to withdraw:

\$ (net after-tax)

OR

\$ (gross before tax)

*Please note you must leave a minimum of \$6,000 in your Energy Super account to keep it open.

Please note: You don't have the opportunity to select the tax components of your benefit payment. For further information on the tax treatment of your benefit, see the *How Super Works Guide* or *Energy Super Income Stream PDS* (as applicable) which are available from our website at energysuper.com.au

Complete this section so we can pay your benefit directly into your Australian bank account as cleared funds. The account nominated below must be held in your name or in joint names.

Name of financial institution:

Branch/location:

Account name (e.g. A B and C Jones):

BSB number:

Account number:

Please note: If exercising this option, you are required to provide a copy of a bank statement or a cover letter from your bank or credit union that is no more than 3 months' old at time of receipt and shows your full name, BSB, account number and bank logo.

OPTION 2 – TRANSFER YOUR ENERGY SUPER INCOME STREAM

Please transfer the following amount back into an Energy Super Defined Contribution account:

\$

Membership number of active Energy Super account (if applicable):

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OPTION 3 – ROLLOVER

Please rollover the following amount: \$
to the fund nominated below.

Please note: We can only rollover superannuation benefits to a complying super fund or another superannuation vehicle. If exercising this option, you must leave a minimum of \$6,000 in your Energy Super account to keep it open. If you are rolling your superannuation benefits to a New Zealand KiwiSaver scheme, you are unable to make a partial withdrawal. Please contact us for a *Benefit Payment Request (Account Closure) Form* if this applies to you.

OPTION 3 A: TO ANOTHER SUPER FUND

Name of other super fund:

ABN:

Member number in new fund:

SFN:

SPIN/USI:

Address:

State:

Postcode:

OPTION 3 B- ROLLOVER TO A SMSF

Name of SMSF:

ABN:

Account name (e.g. A B and C Jones):

BSB number:

Account number:

Electronic service address:

6. FURTHER INSTRUCTIONS

Complete this section only if you have funds in more than one investment option.

Please note: If you do not complete this section and you have more than one investment option or if your instructions below are unclear or incomplete, if you are a pension member your benefit payment will be deducted in the same manner as your regular income stream payments or, if you are a defined contribution member your benefit payment is deducted in accordance with your future contribution strategy.

I request my withdrawal be drawn from the following investment option/s:

INVESTMENT OPTION	AMOUNTS (\$)		PERCENTAGE (%)
Cash Enhanced		or	
Stable		or	
Fixed Interest		or	
Capital Managed		or	
Balanced		or	
MySuper (default)		or	
SRI Balanced		or	
Growth		or	
Indexed Balanced		or	
International Shares		or	
Australian Shares		or	
Smoothed Return*		or	
Capital Guarantee*		or	
Total			100%

*Withdrawals from the Smoothed Return and Capital Guarantee options cannot be returned later to these options.

7. ADDITIONAL DOCUMENTATION REQUIRED

The three different benefit payment options listed in this form each require additional documentation to be provided in order for us to process your request as fast as possible.

Mark an 'X' in the relevant boxes below and make sure you attach the appropriate documentation with this Benefit Payment Request Form.

OPTION 1 – CASH WITHDRAWAL

- Proof of your age/identity (refer to page 5 for proof of age/identity requirements).
- A copy of a bank statement or a cover letter from your bank or credit union that is no more than 3 months' old at time of receipt and shows your full name, BSB, account number and bank logo.

OPTION 2 – TRANSFER YOUR ENERGY SUPER INCOME STREAM TO AN ENERGY SUPER DEFINED CONTRIBUTION ACCOUNT

- Proof of your age/identity (refer to page 5 for proof of age/identity requirements).
- A completed *Member Application Form* (if you do not have an existing super account).

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OPTION 3 – ROLLOVER

Proof of your age/identity (refer to the next page for proof of age/identity requirements).

OPTION 3 B – ROLLOVER TO A SMSF (ADDITIONAL DOCUMENTS)

Provide either the SMSF's ABN or a copy of the SMSF's Trust Deed.

Copy of bank or credit union statement.

Please note: If exercising this option, you are required to provide a copy of a bank or credit union statement that is no more than 3 months' old at time of receipt and shows the account is in the SMSF name, BSB, account number and bank logo in order for the rollover to be made via EFT.

PROVIDING YOUR TAX FILE NUMBER

The Fund is authorised to collect your TFN by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988.

By providing your TFN to the Fund, you will allow the Fund Trustee to use your TFN for any lawful purposes. This may include:

- calculating tax on any benefit to which you may be entitled;
- provision to the ATO for taxation and contribution limit purposes;
- provision to the ATO so they can determine whether you are eligible for a co-contribution payment;
- finding and amalgamating your superannuation benefits;
- provision to the ATO when you receive a benefit or have unclaimed superannuation money after reaching the aged pension age;
- provision to another superannuation provider receiving benefits you may transfer (we won't pass your TFN to any other superannuation provider if you tell us in writing that you don't want us to pass it on).

You are not required to provide your TFN and declining to quote your TFN is not an offence.

However, if you choose not to provide your TFN to the Fund:

- we will not be able to accept any non-concessional contributions (including spouse contributions) on your behalf;
- your taxable contributions received by us may be subject to additional tax of 34% (this is in addition to the 15% tax currently applicable to concessional superannuation contributions);
- you may pay more tax on your superannuation benefit than is necessary (you may be eligible to get this back at the end of the financial year in your income tax assessment);
- it may be more difficult to find your superannuation benefit if you change address without notifying the Fund.

The lawful purposes for which your TFN can be used and the consequences of not quoting your TFN may change in the future as a result of legislative change.

More information on Tax File Numbers for superannuation purposes can be obtained from the Australian Prudential Regulation Authority (APRA) on **1300 131 060** or the ATO on **13 10 20**.

HAS YOUR NAME CHANGED OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If your name has changed:

To prove your name change, you'll need to use the document-based method of ID verification and provide a certified copy of a Linking document in addition to your other certified identification document/s (such as a driver's licence or passport). Some examples of linking documents can be seen below.

You'll need a certified copy of one of these:

- marriage certificate from the Births, Deaths and Marriages Registration Office
- deed poll; or
- change of name certificate from the Births, Deaths and Marriages Registration Office.

If you're a legal personal representative and signing on behalf of another person:

You'll need to provide a certified copy of one of the following documents to us (if not previously provided):

- guardianship papers
- Power of Attorney.

You'll also need to prove your identity using either the electronic or document-based method.

If you choose the electronic method, you'll also need to provide your **date of birth** and **address**, in addition to your two selected document details.

8. PROOF OF IDENTITY

PLEASE SELECT ONE OPTION BELOW

You are able to prove your identity to us, either:

Electronically

By providing you my Medicare, driver's licence (Australian/New Zealand) or passport details (Australian/New Zealand) below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification using reliable and independent data sources. I understand the Fund uses a third party for this purpose.

I confirm that I've read the information regarding the electronic identity verification process outlined in the *Proof of Identity Requirements* Fact Sheet at energysuper.com.au

Important: Make sure the details you provide are accurate. If your personal details provided at the start of this form do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will delay processing your request.

You must provide details of at least two of the following documents:

Document 1: Medicare card

Full name as shown, including initials:

Card number:

Valid to: /

I am person number on this card

Document 2: Driver's licence

First name as shown on licence:

Surname as shown on licence:

Driver licence number: State of issue: Expiry date: / /

Document 3: Passport

Given Name/s (including middle Name) as shown on your passport:

Surname as shown on your passport:

Australian passport number:

Place of birth as shown on your passport:

Country of birth (not shown on passport):

Family name at birth (not shown on passport):

If signing on behalf of another person, please provide your following details:

Date of Birth: / /

Address:

State: Postcode

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OR

Document-based

We're able to accept your certified identification (ID) sent by email or fax. Of course if you'd prefer, you can post your certified ID to us. Please include your certified (within 12 months) ID with this form when you return it to us.

Please see the *Proof of Identity Requirements* Fact Sheet at energysuper.com.au for more information on using certified ID to prove your identity.

If my identification documentation has not been certified correctly or is unable to be read, I consent to having the Fund use the information from the documents in conjunction with the information on this form to verify my identity electronically using independent data sources. I understand the Fund uses a third party for this purpose.

9. AUTHORISATION AND DECLARATION

Please return your completed form, signed and dated, to the Fund. It is advisable to keep a copy.

- I confirm that I wish to withdraw part of my benefit in my Energy Super account and do not wish to close my account
- I authorise the Fund to process my benefit request in accordance with my instructions
- I have read this form and I declare that the information I have provided in it is true and correct and I acknowledge responsibility for its accuracy
- I declare that the relevant authorities have certified my identification documents
- I understand that my Standard Income Protection will cease the earlier of 60 days after I leave the Fund or the date insurance commences with my new super arrangements
- I understand that my Death, Total & Permanent Disablement and/or Extended Income Protection cover will cease 60 days after I cease to be a member of the Fund
- I acknowledge that the Fund collects my personal information when I complete this *Benefit Payment Request - Partial Withdrawal* Form, and confirm that I have read and understood the Privacy Statement set out below.
- I consent to the use and disclosure of my personal information for the purpose of transferring or withdrawing my superannuation benefits.

Member's signature:

Date: (DD/MM/YYYY)

 / /

PRIVACY STATEMENT – YOUR PRIVACY IS IMPORTANT TO US

LGIAsuper (the issuer of the Energy Super product) respects your privacy. All personal information collected via this form is protected in line with LGIAsuper's Privacy policy. To find out more about how we collect and manage your personal information, please refer to our privacy policy available at energysuper.com.au

RETURN THIS FORM

Energy Super

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Brisbane Adelaide Street QLD 4000

F 07 3229 7523

E member@energysuper.com.au
(as a scanned email attachment)

TALK TO US

T 1300 436 374

E info@energysuper.com.au

W energysuper.com.au

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