



WITHDRAWAL FORM

Issue date: 1 November 2023

This is the form you should fill out to make a withdrawal from your Future Super account.

You should read the Product Disclosure Statement (PDS) for Future Super before completing this form. The PDS is deemed to include the Additional Information Booklet and the Insurance Guide, all of which can be obtained from www.futuresuper.com.au or on request by phoning 1300 658 422.

This form may be posted to GPO Box 2754, Brisbane QLD 4001 or scanned and emailed to info@myfuturesuper.com.au

Section 1: Personal details

Given Name(s)

Surname

Member number

Date of Birth

Phone number

Email address¹

Residential Address

Street / State / Postcode

¹ By providing your email address, you consent and authorise us to send you communications, including information required by law, in electronic format (email or similar technologies) whenever possible. You can elect to receive communications by post at any time by contacting Future Super on 1300 658 422 or by email at info@futuresuper.com.au or in writing at GPO Box 2754, Brisbane QLD 4001.

Contact Details for Future Super

Fund ABN 45 960 194 277 | USI 45 960 194 277 010

Phone 1300 658 422

Email info@futuresuper.com.au

Web www.futuresuper.com.au

Post GPO Box 2754, Brisbane QLD 4001

Section 2: Withdrawal information

Please select only one of the options below.

Option 1 – Make a lump sum withdrawal from your account (specify details below)

Do you wish to withdraw your entire account balance?

Yes No

If no, how much would you like to withdraw?² \$

NOTE: We are only able to action your lump sum withdrawal request if you meet a prescribed condition of release. See Section 3 below. If you withdraw your entire account balance any insurance cover you hold with Future Super will cease and your account will be closed.

Please specify your bank account details below:

Account Name

Name of Financial Institution

BSB

Account Number

NOTE: If your payment is made to an overseas bank account, a \$35 banking transfer fee may be applied. This includes Kiwisaver transfers and Departing Australia Superannuation Payments to overseas bank accounts.

² The amount specified above is a gross amount, and tax may be payable.

Option 2 – Rollover to another superannuation fund

Do you wish to rollover your entire account balance to another super fund?

Yes No

If no, how much would you like to rollover?³ \$

NOTE: If you rollover your entire account balance to another superannuation fund, any insurance cover you hold with Future Super will cease and your account will be closed.

Name of Fund

Fund USI

Fund ABN

Fund Address

Member Number

Is this a self-managed super fund?

Yes No

If yes, please provide a copy of the self-managed super fund's bank statement that is no older than 12 months. The document must show your self-managed super fund's name, BSB and account number, and be on an official bank letterhead. Please also provide your fund's Electronic Service Address.

Section 3: Condition of Release

Only complete this section if you are making a lump sum withdrawal.

Superannuation law requires that you must meet a condition of release to be eligible to withdraw your super.

Please tick the box to indicate which option describes your situation.

- I have reached my preservation age⁴, have ceased employment and permanently retired⁵ from the workforce.
- I am at least 60 years of age and I have changed jobs or ceased gainful employment⁵ since attaining age 60.
- I am at least 65 years of age.

If you are not eligible to make a withdrawal based on your age and retirement status, you may only access your super under one of the following conditions. Please tick the box to indicate which option describes your situation:

- I have applied for a Departing Australia Superannuation Payment which has been approved by the Australian Taxation Office.
- I have applied for an Early Release of Super on Compassionate Grounds which has been approved by the Australian Taxation Office
- My balance is less than \$200 and my gainful employment has been terminated⁶.

If you are seeking to withdraw your super by means of early release of super due to Severe Financial Hardship, Temporary or Permanent Incapacity, or a Terminal Medical Condition, or you wish to participate in the First Home Super Saver Scheme or the Trans-Tasman Portability Scheme, please contact us at info@futuresuper.com.au or on **1300 658 422**. This form will not be sufficient to release the funds to you. If you do not meet a condition of release, your funds will be preserved and unable to be released until such a condition is met.

³ The amount specified above is a gross amount, and tax may be payable.

⁴ See the Preservation Age Table in the Future Super Additional Information Booklet available at www.futuresuper.com.au.

⁵ Permanently retired is defined as never being gainfully employed again for more than 10 hours per week. Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, calling, occupation or employment.

⁶ Permanently retired is defined as never being gainfully employed again for more than 10 hours per week. Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, calling, occupation, or employment.

Section 4: Verification of Identity

Please select **one** option.

Option 1 – I want to attach paper copies of certified ID.

Please ensure that you provide photocopies of your original identification documents and that they are correctly certified. Each page must be certified as a true copy.

If the documents you provide are not correctly certified or are unable to be read you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third-party green ID validation provider, including confirming your document is valid with the original document issuer.

Some of the people who can certify copies of originals as true copies in Australia are:

- a medical practitioner • an optometrist
- a nurse • a veterinary surgeon
- an optometrist • an accountant (member of CA, CPA or IPA)
- a psychologist • a police officer
- a pharmacist • a legal practitioner
- a chiropractor • a Justice of the Peace
- a dentist • a judge or magistrate
- a physiotherapist
- a chief executive officer of a Commonwealth court
- a teacher employed on a full-time basis at a school or tertiary institution
- an employee with two or more years' continuous service with an office supplying postal services to the public
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees

The person authorised to sight and certify documents must:

- Sight the original and the copy and make sure they are identical; and
- Write or stamp 'certified true copy' on all copied pages followed by their signature, printed name, qualification (e.g. Justice of the Peace), registration number (if applicable) and date.

Option 2 – I want to use electronic verification

By providing the information below you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third-party green ID validation provider, including confirming your document is valid with the original document issuer.

You must provide at least 2 of the following. Please provide all 3 of the following if possible (if you are unable to provide this information you will need to provide certified ID as per option 1):

Australian Passport

(Please complete the details exactly as they appear on your passport)

Passport number

First and middle names (if applicable)

Last Name

Date of Birth

Medicare Card

(Please complete the details exactly as they appear on your card)

Card number

Reference number

First and middle names (if applicable)

Last Name

Date of Birth

Card Expiry date

Australian Drivers Licence

(Please complete the details exactly as they appear on your card)

Licence number

Card Number

First and middle names (if applicable)

Last Name

Date of Birth

State of Issue

Section 5: Declaration and Signature

By completing this form, I declare that:

- All of the information I have provided is true and correct.
- I have read and understood the information in the relevant Product Disclosure Statement and related documents available at www.futuresuper.com.au.
- I have read and understood the Privacy Statement and understand how the Future Super Fund will use my personal information.
- I have attached all additional documents as requested in this form that are applicable to my application.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment.
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of paying out my benefit and that I should consult an appropriately qualified adviser for such advice.
- I understand that I can request appropriate information that I may reasonably require from the Fund for the purpose of understanding my benefit entitlement.

Signature

Date

PRIVACY STATEMENT: By signing this form you consent to Future Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.futuresuper.com.au/privacy or phone 1300 658 422.