

ClearView WealthFoundations

Withdrawal or Transfer Out Form

Use this form to withdraw funds from your WealthFoundations Super or Pension account or to transfer your funds to another complying super fund. Please provide original certified identification if this is your first withdrawal from a Super account or if the identification we hold for you has since expired.

Before your withdrawal or transfer request can be completed we are required by law to confirm your identity. If you have previously provided certified identification and it's still valid (i.e. not expired) then you don't need to do this again. If you haven't then you will need to provide us with original certified identification which your financial adviser can assist you with.

Fields marked with an asterisk (*) must be completed in order for us to action your request.

*A. Member details

My WealthFoundations account number / (e.g. CSUP / 100000)

Title Mr Mrs Ms Miss Dr Other Gender Male Female Date of birth

Given name(s) Surname

Contact phone number

*B. Type of payment

<input type="checkbox"/> Transfer to another complying super fund	<input type="checkbox"/> Full transfer <input type="checkbox"/> Partial transfer amount \$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Gross of fees and taxes <input type="checkbox"/> Net of fees and taxes
<input type="checkbox"/> Withdrawal paid to a bank account	<input type="checkbox"/> Full withdrawal <input type="checkbox"/> Partial withdrawal amount \$ <input type="text"/> . <input type="text"/>	Note: If you do not make a selection your withdrawal will be processed gross of fees and taxes
<input type="checkbox"/> Ad-hoc pension payment	Amount \$ <input type="text"/> . <input type="text"/>	

Note: If you would like to change your regular pension payments please complete a Pension Variation Form. Full transfers/withdrawals will close your account.

*C. Investment instruction (partial withdrawal or partial transfer only)

Money Out Choice OR

Investment Pool \$. + \$. = \$.

Guaranteed Cash Total withdrawal/transfer

Note: If you do not make a selection for your investment instruction we will use your Money Out Choice.

D. Payment details

- Deposit into my existing linked bank account
 Deposit into the following bank account

Nominated bank account details

Name of Australian financial institution

Name of account

BSB number - Account number

- Please tick this box if you direct us to pay your unrestricted non-preserved payment from your pension account to a third party account (i.e one where you are not listed as an account owner). By ticking the box you acknowledge and accept that any amount paid into this account is treated as being made to you. If you have included third party account details, please complete an Identification form for each account owner which is available from your financial adviser.

E. Transfer to another complying super fund

TO: Fund details

Name of Fund

Australian Business Number (ABN)

Unique Super Identifier (USI)

Membership or account number

Fund phone number

Your funds will be sent electronically if transferring to a super fund with an active USI. If the super fund does not have a USI please provide the address details below and a cheque will be posted.

Street number and name or PO Box

Suburb

State

Postcode

F. Intention to claim a tax deduction (super only)

Complete this section if you have made personal contributions into your super account in the current or previous financial year and have not yet submitted an "Intention to claim a tax deduction Notice" for these contributions. You only need to complete this section if the withdrawal/transfer includes personal contributions for which you intend to lodge or vary a tax deduction notice.

Please indicate if you intend to claim a tax deduction on any personal contributions:

- No (continue on to Section G)
 Yes

Deduction notices (only valid for contributions made into your WealthFoundations Super account listed in Section A)

You cannot lodge or vary a deduction notice for contributions if:

- we have commenced paying a pension based on part or all of the contributions for which you intend to claim a deduction; or
- you have previously withdrawn an amount or transferred to another fund all or part of the contribution for which you want to claim a deduction.

Please speak to your financial adviser for further information.

For contributions made in the current financial year	For contributions made in the previous financial year
My total personal contributions to this account covered by this notice are \$ <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"/>	My total personal contributions to this account covered by this notice are \$ <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"/>
The amount of these personal contributions I will be claiming as a tax deduction are \$ <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"/>	The amount of these personal contributions I will be claiming as a tax deduction are \$ <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"/>
Is this notice varying an earlier notice? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is this notice varying an earlier notice? <input type="checkbox"/> No <input type="checkbox"/> Yes
Financial year ending <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	Financial year ending <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>

Note: Please refer to Section H for the declarations applicable on this deduction notice and withdrawal.

*G. Condition of release (Super and Transition to Retirement Pension accounts only)

Note: This is not required if you are requesting a transfer to another complying super fund. Please select one box only:

- I have attained age 65
- I am withdrawing an 'unrestricted non-preserved' amount
- I am withdrawing a 'restricted non-preserved' amount and have ceased a paid employment arrangement with an employer who has contributed to my account
Date ceased employment
- I have reached my preservation age, have retired and never intend to work more than 10 hours a week
Date ceased employment
- I am age 60 to 64 and have ceased a paid employment arrangement since turning age 60
Date ceased employment
- I am a non-resident on a temporary visa which has since expired or been cancelled and have permanently departed Australia to reside overseas[†]
- I am withdrawing on the grounds of severe financial hardship[†]
- I have been diagnosed with a terminal medical condition[†]
- I have been diagnosed as permanently incapacitated[†]
- I am withdrawing under compassionate grounds which have been approved by APRA[†]
- I was previously a lost member and my balance is under \$200[†]

[†] Please contact your financial adviser or our Service Centre about further information that may be required.

*H. Member declarations and signature

By signing this form:

- I declare that all the details given in this form are true and correct;
- if I am transferring my super benefit to another complying super fund:
 - I discharge the ClearView Life Nominees Pty Limited and its Related Bodies Corporate, from any further liability in respect of my super benefit once the transfer has been completed; and
 - I am aware that fees and charges may apply, and have all the required information about the effect this transfer may have on my benefits.

- if I have completed the deduction notice in Section F, I declare that at the time of completing this form:
 - I intend to claim the personal contributions stated in Section F as a tax deduction;
 - I am a member of the fund named on this form;
 - The fund named on this form currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part of these contributions; and
 - The information given in Section F of this form is correct and complete.
- if I have completed Section F and have not previously lodged a notice with the fund for these contributions:
 - I am lodging this notice before either of the following dates:
 - The day that I lodged my tax return for the financial year in which the personal contributions covered by this notice were made; or
 - The end of the financial year after the year in which the contributions were made.
- if I have completed Section F and have already lodged a valid notice with the fund for these contributions and wish to vary the amount stated in that notice:
 - I declare that I wish to vary my previous notice for these contributions by reducing the amount I advised in my previous notice and 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 of the following financial year; or
 - The Australian Taxation Office has disallowed my claim for a deduction for the relevant year and this notice reduced the amount stated in my previous notice by the amount that has been disallowed.
- if I have requested a withdrawal from superannuation (not transfer), I have satisfied one or more of the conditions of release as set out in Section G;
- I declare that, if signing under a power of attorney, I verify that, at the time of signing, I have not received notice of revocation of that power;
- I understand that the personal information provided will be collected, used and disclosed in accordance with the relevant Product Disclosure Statement and Information Handling Policy available at www.clearview.com.au;
- I acknowledge and agree that if ClearView reasonably believes the signature below is genuine, ClearView is entitled to rely on that signature and will not be liable for any loss I may suffer if it is later found that signature was fraudulent; and
- I request and consent to the withdrawal or transfer of the superannuation benefits, as described in this form, and authorise ClearView to give effect to this withdrawal/transfer.

In this section, all references to ClearView are intended to include a reference to ClearView Life Nominees Pty Limited and any service provider appointed by us from time to time.

Note: If signing under a power of attorney, please provide an original certified copy of the power of attorney.

Signature of member

Date

Member full name (print clearly in block letters)

Sending your form

Please send the form to us via mail or email.

Mailing address:

**ClearView WealthFoundations
Reply Paid 4232
Sydney NSW 2001**

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.