



RSA benefit payment request form

Retirement Savings Account

>> Personal details

Title: ___ First: _____ Middle: _____ Surname: _____

Member number: _____ RSA account number: _____

Residential address: _____

Postal address (if different to above): _____

Home phone: _____ Work phone: _____

Mobile: _____ Email address: _____

Date of birth: ___ / ___ / ___ Tax file number: _____

Your Tax File Number should be recorded in the space provided. Failure to do so may result in withdrawal being taxed at the highest marginal rate as applied by the Australian Tax Office.

I declare that I am:

Retired* Working full-time (30 hours a week) Working part-time (10-30 hours a week)

*Please provide a Statutory Declaration to this effect. Please contact us for further information.

>> Cash withdrawal

I wish to withdraw the amount of \$ _____ from my RSA account.

This amount is to be:

Gross (before tax) or: _____

Net (after tax) _____

Qudos Bank will deduct the appropriate tax (if any) from the payment.

PLEASE NOTE: If you require your total balance (ie close your RSA) please write "Total Balance" in the space above.

Payment instructions:

Credit payment to my Qudos Bank savings account number: _____

Mail by cheque to my postal address: _____

For roll-over instructions and to sign, please turn over.

>> Roll-over instructions

Please roll-over my benefits to the following funds/institutions:

Amount	Institution & USI Number	Address
\$		
\$		
\$		

Note: If you require your total balance (i.e. close your RSA) please write "Total Balance" under amount.

To rollover to a Self Managed Super fund, please also include your ABN Number: _____

>> Signature

Signature: _____ Date: ____ / ____ / ____

Payments are subject to the RSA Terms and Conditions and regulations governing superannuation. Please contact us if you have any further questions.

This form will not be actioned unless signed.

N.B. RSA withdrawals may take up to ten working days to be processed.

>> Lodging this form

In person at any Qudos Bank Office or our Administration Office at:

Locked Bag 5020 Mascot NSW 1460

or mail to:

Financial Services Supervisor
Qudos Bank RSA
Locked Bag 5020 Mascot NSW 1460

Office use only

Data received by Qudos Bank: _____

Signature verified by Qudos Bank: _____

Date sent to Administrator: ____ / ____ / ____

1300 747 747 | quodosbank.com.au