Qudos Super

Withdrawal request



Instructions

You should not complete this form unless you have received, read and understood:

- if your withdrawal request relates to your superannuation account, the current Qudos Super Product Disclosure Statement (PDS) and the Accessing your Benefits fact sheet;
- if your withdrawal request relates to your pension account, the current Qudos Pension Product Disclosure Statement (PDS).

You must complete a separate withdrawal request for each account you have in the fund

- Black or blue pen please.
- Please use BLOCK letters.
- Please place an X in boxes where required.

Please send us your completed form to:

Qudos Super PO Box 541, Chatswood NSW 2057

	Step 1 – Mem	nber details						
	Account number							
	Title	First name		Last	name			
	Email address (ma	andatory requirement)	*Date of birth			Phone number (mobile)		
	Step 2 - Payn	nent options						
	Otop = Tuyii	nont options						
	I am closing my account							
	Note: You can transfer super in or out of the Fund at any time, so long as it remains in the superannuation system until your preservation age or otherwise meet a condition of release. If you make a partial transfer request a minimum balanc is retained in your account. Your partial transfer request will not be processed if it results in an account balance of less the							
	Pension members leaving their account open must leave sufficient funds in their account to pay the minimum regular payments remaining in the current financial year. Lump sum withdrawals are not permitted from Transition to Retireme accounts.							
Please make my payment as follows:								
	(a) Payment	to Me – You do not need t	o complete step 5					
		If this is a partial wit	hdrawal, please indi	cate the amoun	nt: \$			
		gross (before ta	x) OR ne	t (after tax)				
	(b) Transfer t	to another fund – You do	not need to complete	e step 4				
		If this is a partial trai	nsfer, please indicate	e the amount:	\$			
	4, 5, 6, 7 and 8. The and requesting a p	osing your account and requested payment to you will be no payment to you, you need to fund, you need to complet	nade first followed by completesteps 3, 4	the transfer to , 6, 7 and 8. If y	another fur	nd. If you are leaving your	account open	

If you are withdrawing your full balance, you do not need to complete this section. Would you like to specify which of your investment options this withdrawal is taken from? No - go to the next step Yes - please complete the table below If you do not select an option, your investments will be sold down in order of liquidity. Refer to the current PDS for more information. Investment option **Amount** Percentage Cash Plus \$ or Conservative or Balanced or Growth \$ or High Growth \$ or Personal Term Deposit* or Must total 100% * Please note a Term Deposit early withdrawal fee may apply to any partial withdrawal of a Personal Term Deposit. Further Information is available in the "Additional Explanation of Fees and Costs Section" in the Fees and and Costs Fact Sheet. Step 4 - Payment to me 4.1 Eligibility for a cash benefit - Australian Residents, New Zealand Residents or Permanent Residents* * If you are a temporary resident contact us on 1300 721 720. To enable us to determine your eligibility for a cash withdrawal, please tick any of the following statements that apply to you: I am applying to withdraw from my standard pension. If you wish to claim your benefit under any of the My account balance is less than \$200 (before tax) and I have ceased following conditions please download the correct employment with a contributing employer. form from the Qudos Bank website or contact us on 1300 721 720: I am aged 55 to 59 and have ceased an arrangement under which **Terminal Illness** I was gainfully employed and do not intend to be gainfully employed Permanent Incapacity either full-time or part-time again. Financial Hardship I am aged 60 to 64 and have ceased (on or after attaining age 60) Permanently Departing Australia an arrangement under which I was gainfully employed either Claims for release on Compassionate Grounds full-time or part-time. should be lodged directly with the Department of Human Services. I am aged 65 or more My account contains an unrestricted non-preserved amount and I wish to make a withdrawal of some or all of that amount. 4.2 Payment account Please transfer this payment electronically to my bank account as follows: Name of bank, credit union, building society etc Branch address Account name Branch number (BSB) Account number

Step 3 - Investment choice - partial withdrawals only

Exact name of new fund Postal address of new fund Suburb State Postcode Cheque to be payable to Your membership number in the new fund The Australian Business Number (ABN) of the new fund The Superannuation Product Identifier Number (SPIN) of the new fund

5.1 Additional requirements for transfers to Self-Managed Super Funds (SMSFs)

If you are transferring an amount to a Self-Managed Super Fund (SMSF), you must ensure that the details you provide about your SMSF on or with this application matches exactly the details shown on the ATO's Super Fund Look Up website. Failure to provide matching details may result in requests for further information and delay the processing of this application.

We recommend that you search your SMSF at www.superfundlookup.gov.au before submitting this application.

If your fund cannot be found on that website **OR** if your fund is listed with a 'non-complying' status, we will not process your request. You should resolve these issues with the ATO before submitting this application.

If your SMSF appears as 'Registered - Status not determined' please provide a certified copy of one of the following documents:

- New Member letter from the Australian Taxation Office (ATO) This letter confirms that you are a member of the self-managed super fund.
- . The latest annual return lodged with the ATO for the SMSF
- · The Trust Deed of the SMSF

Step 6 - Tax deduction notice

Step 5 - Transfer to another fund

I am not eligible to claim a tax deduction/I am eligible but am not claiming a tax deduction.
I am eligible and elect to claim a tax deduction. (Please complete a Notice of Intention to Claim a Tax Deduction form available from the Qudos Bank website or on request by contacting 1300 721 720.

Note: If you do not submit a tax deduction notice or the Trustee does not/cannot accept the notice prior to your benefit withdrawal, any personal contribution that forms part of the withdrawal amount will be treated as non-concessional, and you cannot claim a tax deduction in respect of the contribution.

Step 7 - Proof of identity

As a result of legal and other obligations, we require verification of the identity of members to safeguard member benefits before processing certain requests including withdrawal requests. The safest and quickest option is to provide certified proof of identity with every withdrawal request. Any documents you provide must be certified as true copies by a person authorised to certify documents. If you are not able to provide documents or obtain certifications as outlined below, contact us on 1300 721 720 for further alternatives.

Please indicate below what proof of identity documents you are providing:

A certified copy of one of the following documents ONLY:

- · Driver's licence issued under State or Territory law
- Australian Passport
- Card issued under a State or Territory law, for the purpose of proving a person's age, containing a photo
- Foreign passport that contains a photo and the signature of the member (and translated by an accredited translator if in a foreign language)

.....OR

A certified copy of one of the following documents:

- · Birth certificate issued by a State or Territory
- Citizenship certificate issued by the Commonwealth
- Pension card or health card issued by Centerlink that entitles

the person to financial benefits.

AND

A certified copy of one of the following documents:

- A Social Security notice issued by the Commonwealth, State or Territory in the past 12 months containing your name and residential address which records financial benefits provided to you.
- Notice issued by the Australian Tax Office within the past twelve months that contains your name and residential address and records debt payable by you.
- A Rates or Utilities notice issued in the last 3 months containing your name and residential address and recording the provision of services to you/your address.

Make sure your documents are correctly certified:

All copied pages of ORIGINAL supporting documents or proof of identity documents need to be certified as true copies by an individual approved to do so. They must:

- Sight the original and the copy and make sure both documents are identical, then
- Make sure all pages have been certified as true copies by writing or stamping 'certified true copy', then
- Sign and print their name, qualification (eg, Justice of the Peace etc) and date.

People commonly used to certify proof of identity documents:

- Pharmacist
- Justice of the Peace
- Notary Public Officer
- Medical Practitioner or Nurse
- · Police Officer
- Accountant (CA/CPA)
- · Legal Practitioner
- Full-time teacher (school or tertiary)
- Bank/Credit Union/Building Society Officer with at least two years continuous service
- Permanent employee of a Commonwealth, State/Territory or local government with at least two years continuous service.
- An officer with, or authorised representative of, a holder of an Australian Credit Licence or Australian Financial Services Licence having at least 2 continuous years of service with one or more licensees.

For information about other people that certify proof of identity documents, call 1300 721 720.

Step 8 - Authority

By signing this request form I am making the following statements:

- · I declare that, to the best of my knowledge, the information I have provided on and with this form is true and correct.
- I have received, read and understood the current PDS (and any incorporated information where applicable) including information about the redemption of investments and allocation of investment earnings where a withdrawal or transfer is requested.
- I am aware that I may ask the Trustee for information I reasonably require for the purpose of understanding my benefit entitlements in the CLIBS
- Superannuation Fund, including fees or charges that may apply to any withdrawal request and the effect of any withdrawal request on any entitlements (such as insurance cover) and I have either sought this information or do not require such information.
- I authorise the Trustee to transfer and/or pay a benefit as instructed on this form and understand and acknowledge the implications and effects of this transaction.
- I discharge the Trustee from all further liability in respect of the benefits paid and/or transferred.
- If I have insurance cover, I understand that such cover will cease for any event occurring on or after the date the full account balance is paid
- I understand that the value of the withdrawal will be calculated in accordance with the governing rules applicable to the CUBS Superannuation Fund after all relevant information is received by CUBS Superannuation Fund..

Signature	Date	

Important notes

- · Before completing this form you should read the current Product Disclosure Statement (PDS) and relevant fact sheets.
- In accordance with Commonwealth Government legislation, for partial withdrawals, we will withdraw your money proportionately from the two tax components held in your account. If you have preserved and non-preserved funds, we will transfer the non-preserved funds first.
- The unit price on the date of payment will be applied to your withdrawal. In the event of a significant market movement we may suspend processing to enable market movements to be incorporated in the unit process before your payment can be made.
- Once we have processed your request, please allow one to two days for your bank, credit union or building society to put your money into your account.