



# Withdrawing your super

## Hints on using this form

- > use this form to withdraw part or all of your benefit or transfer it to another super fund.
- > you will need to provide certified copies of documents to prove your identity as outlined on page 6 of this form.
- > if you need assistance, please call 1300 725 171.

## Before you fill in this form:

- > check your **Benefit Estimate** to see how much you can withdraw
- > before you withdraw or transfer your super you may request information about the effect your withdrawal or transfer will have on your benefit. Visit [www.pssap.gov.au](http://www.pssap.gov.au) or call 1300 725 171.
- > read the Withdrawing your super section in the **PSSap Product Disclosure Statement** for a quick overview, and
- > use the **Withdrawing your super** fact sheet for more details.

It is important to read these before withdrawing your super.

You can access your **Benefit Estimate**, the **PSSap Product Disclosure Statement** and the fact sheet at [www.pssap.gov.au](http://www.pssap.gov.au) or call 1300 725 171.

## SECTION A Personal details

PSSap membership no.	<input type="text"/>
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential address	<input type="text"/>
	<input type="text"/>
	SUBURB <input type="text"/> STATE <input type="text"/> POST CODE <input type="text"/>
	POSTAL ADDRESS <input type="text"/>
	<input type="text"/>
	SUBURB <input type="text"/> STATE <input type="text"/> POST CODE <input type="text"/>
Phone	BUSINESS HOURS <input type="text"/> AFTER HOURS <input type="text"/>
	<input type="text"/>
	MOBILE NUMBER <input type="text"/>
	<input type="text"/>
Email	<input type="text"/>
	@ <input type="text"/>



Name of institution																												
Name of account holder																												
Branch location																												
Branch (BSB) number					-																							
Account number																												

## SECTION D Transfer to another fund

- > To transfer your benefit to another fund, you must either leave at least \$1,000 in your account OR close your account.
- > Please also note that due to changes from 1 July 2007, proportioning rules require that your taxable and tax-free components be spread in equal proportions across those parts of the benefit payment you receive as cash or rollover. So, while you may ask for a certain order of payment or rollover, the payment will be subject to proportioning.
- > You can make one transfer per year at no cost. Each additional transfer will cost \$20.
- > This form allows for details of one transfer fund. If you want to transfer your benefit to more than one fund, please provide the details of the other fund(s) on a separate sheet of paper.

Name of the fund you want to transfer your benefit to																												
ABN of Fund	AUSTRALIAN BUSINESS NUMBER																											
Your membership number at the Fund																												
SPIN of Fund																												
	SPIN = Superannuation Product Identification Number																											
SFN of Fund																												
	SFN = Superannuation Fund Number																											
Postal address of Fund																												
	SUBURB														STATE				POST CODE									
Phone number of Fund																												
How much do you want to transfer to this fund?																												
	<input type="checkbox"/> The whole amount (balance) of my account																											
	<input type="checkbox"/> A total of																											
	\$ <input type="text"/>																											
	This amount is:																											
	<input type="checkbox"/> Before tax (Gross)																											
	<input type="checkbox"/> After tax (Net)																											



## SECTION H Declaration

I declare:

- > The information I have provided on this form is complete and correct.
- > I have read the **PSSap Product Disclosure Statement** and understood the terms and conditions relating to the withdrawal of benefits.
- > I have read and understood my **Benefit Estimate**.
- > I have read and understood the **Withdrawing your super** fact sheet.
- > I have provided the certified copies of documents to prove my identity as outlined on page 6 of this form.
- > I understand that if I am making a full withdrawal I will cease to be a member of the PSSap.

I have already provided my TFN

SIGNATURE	

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

## SECTION I Lodgement

Please post this completed form and certified copies of your identity documents to:

**PSSap Benefits**  
**PO Box 22**  
**Belconnen ACT 2616**

Faxed copies will not be accepted.

END FORM

### Your privacy is important to us

We are collecting the information on this form to administer the withdrawal or transfer of your benefit. If applicable this information will be passed to the fund you are transferring your benefit to.

For further information about our privacy policy, see **Privacy & disclaimers** at [www.pssap.gov.au](http://www.pssap.gov.au) or call us on **1300 725 171** for a copy to be emailed or posted to you.

**Need assistance?** Call us on **1300 725 171**.

## Identification requirements

To protect your benefit against fraud, money laundering and terrorism financing, we need you to provide documentation to prove your identity before we can process your benefit request.

To do this, you will need to complete a '100 point check' and provide certified copies of documents listed below. You may use a combination of these documents to reach 100 points.

### Primary documents (70 points)

Provide **ONE** of the following documents:

- > Birth certificate
- > Birth Card issued by the NSW Registry of Births, Deaths and Marriages
- > Australian Citizenship certificate
- > International travel document:
  - > a current passport
  - > an expired passport which has not been cancelled and was current within the preceding two years
  - > another document of identity having the same characteristics as a passport (e.g. this may include some diplomatic documents and some documents issued to refugees).

**Note:** You do not score additional points for more than one document from this category.

### Secondary documents (40 points)

Provide ONE of the following documents containing your photograph and/or signature:

- > An Australian driver's license or another licence or permit issued under a law of the Commonwealth, a State or Territory
- > An identification card issued to a public employee
- > An identification card issued by the Commonwealth, a State or Territory as evidence of your entitlement to a financial benefit
- > A student ID issued by a tertiary education institution.

**Note:** Additional documents from this category can be awarded 25 points.

### Tertiary documents (25 points)

Provide an identification document, e.g. marriage certificate (for maiden name only), credit card, council rates notice, telephone account, foreign driver's licence, Medicare card, etc.

**Note:** More than one document may be counted, but points from a particular source may be counted only once, e.g. if a MasterCard and Visa card are issued from the same financial institution, only one may be counted.

### Example

You could provide a copy of your birth certificate (a primary document) and a copy of your state driver's license (a secondary document).

You could also provide a copy of your current passport (a primary document), a copy of your credit card (a tertiary document) and a copy of your telephone bill (another tertiary document).

### Certifying your documents

The certifying authority must confirm in writing that you are the valid holder of the identification that you are presenting and that any copies are true copies of the original.

The following people can certify your documents:

- > a legal practitioner enrolled on the roll of a supreme court or the high court of Australia
- > a judge or magistrate of a court
- > a chief executive officer of a Commonwealth court
- > a registrar or deputy registrar of a court
- > a Justice of the Peace (JP)
- > a notary public
- > a police officer
- > an Australian consular officer or an Australian diplomatic officer
- > an agent or a permanent employee of the Australian Postal Corporation with two or more years of continuous service in an office supplying postal services to the public
- > a finance company officer with two or more years of continuous service with one or more finance companies
- > a person employed by, or an authorised representative of, the holder of an Australian financial services licence with two or more continuous years of service
- > a member of the Institute of Chartered Accountants of Australia (ICA), Certified Practising Accountants (CPA Australia) or the National Institute of Chartered Accountants (NIA) with two or more years of continuous membership.

The certification must include the name, address, occupation, telephone number and registration number (if applicable) of the certifying authority.

### Privacy of your documents

ARIA and its Administrator, ComSuper are collecting the information on this form for the following reasons:

- > to confirm your identity
- > to assess your eligibility for payment of the benefit
- > to pay your benefit
- > to contact you.

ARIA and ComSuper are committed to protecting any personal information we hold about you. Your information will not be used for any other purpose or disclosed to another party unless:

- > you authorise us to do so
- > the disclosure is authorised by law.

This may include disclosing your personal information to other Government agencies that have specific legislative authority to collect this information as required by policy and legislation. We will not disclose your personal information to these agencies unless it is lawful to do so.