

WITHDRAWAL FORM

This is the form you should fill out to make a withdrawal from your Cruelty Free Super account. You should read the Product Disclosure Statement (PDS) for Cruelty Free Super before completing this form.

The PDS is deemed to include the Additional Information Booklet and Insurance Guide which can be obtained from www.crueltyfreesuper.com.au or on request by phoning 1300 022 762

This form must be posted to Cruelty Free Super GPO Box 263, Sydney, NSW 2001.

Section 1 Personal details

Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Member number	<input type="text"/>		
Date of Birth	<input type="text"/>		
Gender	<input type="text"/>		
Phone number	<input type="text"/>		
Email address*	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

*By providing your email address, you consent and authorise us to send communications or information in electronic format, including information required by law, to you via email or similar technologies.

You can elect to receive communications by post at any time by contacting Cruelty Free Super on 1300 022 762 or email hello@crueltyfreesuper.com.au or in writing at GPO Box 263, Sydney, NSW 2001.

Section 2 Withdrawal information

You only need to complete one of the options below.

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

Are you withdrawing your entire balance from this fund? Yes No



If no, how much would you like to withdraw?

\$

Please note the amount specified above is a gross amount, tax may be payable on withdrawals. You must leave at least \$200 in your account. Please specify your account details below:

Account Name

BSB

Account Number

Option 2 – Rollover to another superannuation fund

Are you withdrawing your entire balance from this fund?

Yes

No

If no, how much would you like to rollover?

\$

You must leave at least \$200 in your account if you wish to remain a member of Cruelty Free Super . Please specify the details of your new superannuation fund below:

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 certified copy of the self-managed super fund's bank statement. You may be required to provide additional documentation, please contact us for further information.

Section 3 Condition of Release only complete this section if you are withdrawing your superannuation in cash

A portion of your benefit may be subject to preservation. If the preserved portion of your benefit is over \$200, legislation requires that this amount be retained in an approved roll-over fund until you are at least 60 years of age and have ceased employment since attaining age 60 OR you are between your preservation age and 60 years old, have ceased employment and have permanently retired from the workforce.

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. If you are eligible, please complete one of the following declarations to allow your benefit payment to be processed.

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

Or

- My balance is less than \$200

Section 4 Verification of Identity

- 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.

- 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 (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	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
Sex	<input type="text"/>		

Medicare Card Please complete the details exactly as they appear on your card

Card number	<input type="text"/>	Reference number	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Card Expiry date	<input type="text"/>

Australian Drivers Licence Please complete the details exactly as they appear on your Licence

Licence number	<input type="text"/>	State of issue	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>		



Section 5 Declaration and Signature

By completing this form I declare that:

- I have read and understand the information in the Cruelty Free Super Product Disclosure Statement and related documents.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment
- I confirm the details I have provided above are correct
- 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, including information about fees and charges that may apply
- A withdrawal fee may be paid each time a benefit is paid

x

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Signature

...../...../.....
Date