



# Commonwealth SuperSelect and Commonwealth Personal Superannuation & Rollover Plan

## Early Release of Benefits Form



This form may be lodged with any Commonwealth Financial Planner or posted to:

**Commonwealth Financial Services**  
GPO Box 3306 Sydney NSW 2001

**Please note:** Failure to provide any of the requested information may result in delays in processing your benefit payment. You will receive the applicable withdrawal unit price once all completed information is received at our principal office of administration.

**DO NOT FAX THIS FORM. We will only process original versions of this form.**

**Important Information:** use this form if you are applying for access to your superannuation benefits on compassionate, financial hardship or medically related grounds.

### Things you should consider before withdrawing your benefit

Before deciding to withdraw your benefit, we recommend you carefully consider your current benefits and the effect that any rollover or cashing of your benefit may have upon these. Depending on your circumstances, cashing in your benefit may have tax implications. Before making a decision to withdraw your benefit, we recommend you speak to a financial adviser. You should seek advice from your taxation adviser in relation to taxation matters. If you would like more information about your benefit, simply call us on **13 2015** between 8.30am and 6pm (Sydney time) Monday to Friday.

### Section 1 – Personal

Account number

Title

Mr

Mrs

Miss

Ms

Other

Given name(s)

Surname

Postal address

  

State

Postcode

Daytime phone number

Evening phone number

Mobile phone number

Email address

### Section 2 – Grounds for early release of benefits

I would like to access my benefits on the grounds of: (please tick (✓) the appropriate box)

**Permanent incapacity**

You can access your benefits under this condition if two medical practitioners, one of whom is a specialist, certify jointly or separately that due to medical reasons, you are unlikely ever to work again in a job for which you are reasonably qualified by education, training or experience.

**Severe financial hardship**

*Under preservation age and 39 weeks*

You can access your benefits under this condition if you have been receiving Commonwealth Government income support payments for at least 26 weeks continuously at the time of application and you can satisfy us that you are unable to meet reasonable and immediate living expenses. You can receive a maximum of \$10,000 (gross) per 12 month period.

*Over preservation age plus 39 weeks*

You can access your benefits under this condition if you have been receiving Commonwealth Government income support payments for a cumulative period of at least 39 weeks after having reached age 55 and are not gainfully employed on a full or part-time basis (more than 10 hours per week) when you apply. You can receive up to your full account balance.

If you are applying under this condition, please also complete 'Section 3 – Residency details instruction'.

**Compassionate/specified grounds**

You will need to apply to the Department of Human Services (DHS) for access to your benefits under this condition of release. Approval is granted in limited circumstances. For information on the circumstances and for the necessary documentation please visit DHS's website at [humanservices.gov.au](http://humanservices.gov.au) or contact them on **1300 131 060**. If you are applying under this condition, please also complete 'Section 3 – Residency details instruction'.

**Terminal illness**

You can access your benefits under this condition if two medical practitioners, one of whom is a specialist, certify jointly or separately that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 12 months of the date of certification.

**Please note:** each of the above conditions will require you to provide us with further information to determine your eligibility.

If you do not already have the necessary forms or know what you need to provide, except for applications under compassionate/specified grounds, simply call **13 2015** between 8.30am and 6pm (Sydney time), Monday to Friday for further information.

### Section 3 – Residency details instruction

From 1 April 2009, if you have at any stage been a temporary resident, you may only withdraw your preserved super benefits under limited conditions of release. Please call our Customer Contact Centre on **13 2015** between 8.30am and 6pm (Sydney time) Monday to Friday for more information on these conditions of release.

a. I am an Australian or New Zealand citizen, a permanent resident of Australia or a holder of a retirement visa sub-class 405 (Investor Retirement) or 410 (Retirement):

Yes  No

b. I am or was a temporary resident of Australia:

Yes  No

### Section 4 – Claiming a tax deduction

Please complete this section if you intend to claim a tax deduction for any personal contributions you have already made in the current or previous financial year.

#### Important Information

If you do not complete this section, we will assume you are not intending to claim a tax deduction and will proceed with processing your benefit payment. Once you have closed your account, you will be unable to claim a tax deduction for any personal contributions you have made into the account for the current or any previous financial year. Generally you can claim a tax deduction if you are self-employed or substantially self-employed. If you are unsure as to whether you can claim a tax deduction, please speak to a financial adviser.

Claim amount	Financial year to which your claim relates
\$	
\$	
\$	

### Section 5 – Cash payment instructions

I would like to receive a:

**Cash payment** \$

Please credit my account (name of account)

BSB number

Account identification number

Bank

Branch

**Cheque payment** \$

Cheque will be payable to you and sent to your address provided in the personal section on the previous page  
– a cheque issuing fee may be payable

The amount specified above is to be gross of tax (before tax is deducted)

The amount specified above is to be net of tax (after tax is deducted)

**Please note:** If you do not nominate whether the payment is to be gross or net, we will process your payment amount from your account gross of tax.

### Section 6 – Nomination of investment options for partial withdrawals

Only complete this section if you have requested a partial withdrawal.

How to complete this section:

**Nominating a % amount:** Please nominate the % amount you would like withdrawn from each investment option(s).

If you would like to withdraw your total holding in an investment option, please write 100% or "ALL". If you nominate a percentage amount of less than 100%, we will only withdraw that percentage of the investment option, e.g. if you have \$20,000 in the investment option and specify 50%, we will withdraw \$10,000 from that investment option.

**Nominating a \$ amount:** Please nominate the exact \$ amount you would like withdrawn from each investment option(s).

Please ensure the amounts specified for each investment option(s) equals the total amount requested at Section 5.

▶ Form continued next page

## Section 6 – Nomination of investment options for partial withdrawals (continued)

### Commonwealth SuperSelect

	Investment Option		Investments - \$ or %
Aggressive	Commonwealth Australian Shares	FS	
	Commonwealth Shares	FP	
	Perpetual Split Growth	AF	
Growth	Commonwealth Growth	FG	
	Colonial First State Diversified	AV	
	Perpetual Balanced Growth	AR	
	FirstChoice Multi-Index Balanced (Formerly Credit Suisse Capital Growth)	AA	
Moderate	Commonwealth Managed	FM	
	Colonial First State Balanced	AW	
	BT Active Balanced	AK	
Cons.	Commonwealth Balanced	FB	
	Colonial First State Conservative	AU	
Defn.	Commonwealth Capital Defensive	FE	
	Commonwealth Savings	FR	
<b>Total</b>			<b>\$</b>

Where not otherwise indicated, the withdrawal will be paid from the investment options in the order FR, FE, AU, FB, AK, AW, FM, AA, AR, AV, FG, AF, FP, FS.

### Commonwealth Personal Superannuation & Rollover Plan

Investment Option		Investment - \$ or %
Commonwealth Australian Shares	PS	
Commonwealth Growth	PG	
Commonwealth Managed	M3	
Commonwealth Balanced	PB	
Commonwealth Capital Secure	C3	
Commonwealth Savings	R3	
<b>Total</b>		<b>\$</b>

Where not otherwise indicated, the withdrawal will be paid from the investment options in the order R3, C3, PB, M3, PG, PS.

## Section 7 – Tax File Number (TFN) requirements

Please note that it is not an offence not to quote your TFN. Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your TFN which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

We may disclose your TFN to another superannuation fund when your benefits are being transferred, unless you write to us and request that your TFN not be disclosed to any other superannuation provider.

For all withdrawals except rollovers, we will deduct any tax payable at the rates applicable to superannuation benefits. Please note that if we do not have your TFN and you are aged under 60, we are required to withhold tax at the highest marginal tax rate (plus Medicare Levy) on the Taxable component of your benefit.

If you have not previously provided us with your TFN and wish to do so now, please tick the box below and quote your TFN:

Yes, I agree to provide my TFN which is:

If you are rolling over, please tick the box below if you do not want us to pass on your TFN to your nominated superannuation fund or retirement savings account provider.

I do **not** want to pass on my TFN.

## Section 8 – Identification requirements

To enable us to finalise payment of your benefit, we require the following certified identification to be provided together with your completed application form. Please note that processing of your application may be delayed where you do not provide adequate identification documents.

**For cash payments or rolling over to a SMSF** ▶ A certified copy of your driver's license or passport.

**For other rollovers** ▶ No identification is required for rollovers where your TFN is validated via the ATO Super Tic service. If your TFN cannot be validated, no identification will be required, so long as your name, date of birth and address details provided on your benefit payment request corresponds with our records.

### Persons who can certify documents:

A person on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner;

A judge of a court;

A magistrate;

A chief executive officer of a Commonwealth court;

A registrar or deputy registrar of a court;

A Justice of the Peace;

A notary public (for the purposes of the Statutory Declaration Regulations 1993);

A police officer;

(Postal Agent) an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;

(Post Office) a permanent employee of the Australian Postal Corporation with two (2) or more years of continuous service who is employed in an office supplying postal services to the public;

An Australian consular officer or an Australia diplomatic officer (within the meaning of the Consular Fees Act 1955);

An officer with two (2) or more continuous years of service with one or more financial companies (for the purpose of the Statutory Declaration Regulations 1993);

An officer with, or authorised representative of, a holder of an Australian financial services licence, having two (2) or more continuous years of service with one or more licensees;

A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two (2) or more years of continuous membership.

### What the certifier needs to do to certify your photocopied ID

To certify your ID they need to:

1 Compare the photocopy to the ORIGINAL.

2 Stamp or write "This is a true and correct copy of the original" followed by their signature, printed name, qualification (e.g. police officer) and the date.

A sample of how this would look is shown on the right hand side of this section.



## Section 9 – Declaration and acknowledgement

- I understand that any payment from the Fund will be after the deduction of any taxes paid or payable by me in respect of the withdrawn benefits.
- I acknowledge that payment of the benefits requested in accordance with this form will constitute a complete discharge to the Trustee in respect of the withdrawn benefits.
- I acknowledge that (if it is appropriate to my circumstances), if I do not claim a tax deduction before closing my account, I will be unable to do so once my account is closed.
- I acknowledge that I have read and understood the Tax File Number notification requirements section of this form.
- I am applying to be paid under one of the grounds set out in Section 2 of this form and I have attached all of the requirements.
- If this form is signed under Power of Attorney, the Attorney hereby certifies that he/she has not received notice of revocation of that Power.
- I am aware I may ask the Trustee of my new fund for information about fees or charges that may apply, or any other information about the effect this payment/rollover may have on my benefits, and I have obtained or do not require any further information.

Member's signature

Date