

Super/Pension account

Payment request



Complete this form in **BLOCK LETTERS** by typing directly into the form or using **black pen**, print and sign it.

Send the completed form to us via one of the following methods:

- ask your adviser to lodge it on your behalf on AdviserNET
- submit a copy via our secure Document Upload facility on Investor Online or AdviserNET (accessed from Forms > Document Upload menu)
- post to Asgard, PO Box 7490, Cloisters Square WA 6850
- email a copy to asgardforms@asgard.com.au

i If you submit this form online, you don't need to post us the original. However, if you're emailing and supporting documents are required, you'll also need to post us the original signed copy of this form along with original supporting documents. We can then finalise your payment.

Questions? Call our Customer Relations team on 1800 998 185 Monday to Friday, between 8.30am and 7.00pm, Sydney time (8.00pm during daylight savings time) or email client.support@asgard.com.au

Privacy Statement

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at www.bt.com.au/personal/help/privacy/privacy-statement or by calling us on 132 135. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your application.

Important Information

- Generally, once all our requirements are received, your request will be finalised and payment made within approximately:
 - 10 working days for a partial payment
 - 20 working days for a full payment
- Before withdrawing monies, recontributing or closing your Superannuation or Pension account, please contact your adviser to discuss any changes to your account and refer to the current disclosure document to consider all implications and options available.
- Do not complete this form if you are applying for a release of funds under Severe Financial Hardship or as a Temporary Resident and have departed Australia.
 - For Severe Financial Hardship, please complete the Financial Hardship application available from your financial adviser or our Customer Relations team.
 - If you are a Temporary Resident and have departed Australia, please complete the 'Application for a departing Australia superannuation payment' form available from www.ato.gov.au.
- If you are making a cash withdrawal and didn't provide the necessary identification documents when opening your account you will need to complete and supply us with an identification Form for individuals (along with certified copies of identification documents) in order to comply with Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) laws.
- If you have not supplied us with your tax file number, please complete the tax file number details in section 1.



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2. Payment amount – mandatory section

- i** If you intend to claim (or vary) a tax deduction for personal contributions made in the current or previous financial year, you must complete section 7 or vary a deduction for super contributions (Notice). If your Notice covers personal contributions included in your payment, you will be unable to vary the notice to reduce the amount claimed as a deduction after the payment has been made.
- i** If you are electing to rollover your benefits and no amount is indicated in section 2, we will close and roll all of your benefits.

Pay my entire benefit and close my account → Proceed to section 4

- i** All your investments must be sold in order to process the withdrawal. If your investment are not sold, we as the administrator will sell these for you/on your behalf.
- i** When we close your account, your insurance linked to your super account will be cancelled. If you hold a suspended/frozen asset and have Asgard Personal Protection Package (APPP) insurance, you have the option to cancel your insurance before the final payment by completing an account amendment, rather than waiting until the final payment is made for this to occur. See section 6 , for insurance continuation options.
- i** If you are closing your account and hold a suspended/frozen asset we will automatically include you in any future redemption windows.

OR

Pay my maximum benefit and leave \$1000 in my account as I would like to keep my account open

- i** Fees may still apply.

OR

Partial withdrawal (not an option for Term Allocated Pension)

- i** Please ensure sufficient funds are available in order to process the withdrawal
- i** For Super or Pre-retirement Pension accounts with a cash partial withdrawal please indicate the amount below, otherwise we will only pay out all of your unrestricted non preserved benefits.
- i** For partial rollovers, the order of cashing will be taken firstly from preserved, then restricted non-preserved and then unrestricted non-preserved benefits. If you are requesting a variation to this please advise us in writing at the time of this withdrawal.
- i** If the amount indicated below will leave insufficient balance in your account to cover for any fees and costs payable, we will only pay the maximum balance available in your account.

Pay the following amount:

Gross/before tax (in words) ← **OR** → Net/after tax (in words).

Also, write in numbers \$, , .

OR

Please pay my unrestricted non preserved benefits only

- i** For Pension accounts by indicating an amount in the partial withdrawal section you are electing to receive a lump sum for tax purposes.



4. Payment options

Please complete at least one of the **FIVE (5)** following options.

Option 1: **Transfer** to another Asgard account

- i** If you are transferring some or all of your account balance to another existing Asgard Super account in your name, please complete and attach an original Contribution Remittance/Rollover Advice for the destination account.
- i** If you are transferring to an Investment account, please complete and attach an original Investment Additional Deposit Advice. As this is not a superannuation account this transfer will be treated as a cash withdrawal and you must be able to have full access to your superannuation benefits or have unpreserved superannuation benefits.

Account number (if known): - -

- i** If you don't currently have an open account, your financial adviser can open an account online for you, or you can complete and attach an application from a current Product Disclosure Statement.

Option 2: **Re-contribute back** into this account (only applicable for superannuation)

- i** Please complete a Contribution/Rollover Remittance Advice and attach the original to this form.

→ **Proceed to section 5**

Option 3: **Rollover to a superannuation fund** or **purchase a pension** with another fund

- Please tick here if you are purchasing a pension with these funds.
- Please indicate if you are rolling to a Self Managed Super Fund (SMSF). **Note:** By selecting this option, you are confirming that you are a member of the SMSF and the SMSF is a regulated superannuation fund.

Rollover details

Fund name/SMSF name

Electronic Service Address (ESA) Alias - mandatory for SMSF

Fund phone number

Fund/SMSF Australian Business Number

Membership or account number (not required for SMSF)

Unique Superannuation identifier (USI)* (not required for SMSF)



4. Payment options (continued)

SMSF bank account details – mandatory for rollover to SMSF

Financial Institution name

Branch

Bank account name

BSB number

Bank account number

- i** If you are rolling to a SMSF, please attach a certified copy of your identification eg driver's licence issued under state or territory law, passport issued by the Commonwealth that has not expired within the past two years. For the full list of acceptable documents, please refer to the following link:
https://www.bt.com.au/content/dam/public/panorama/pdf/BT_Panorama_-_How_to_certify_documents_flyer.pdf
- i** For security purposes, we will require a recent (issued within the 3 months) certified copy of an original bank statement for the SMSF bank account, showing the SMSF account name, BSB and account number.
- i** If you are purchasing a pension, you need to have reached your preservation age (for a pre-retirement pension) or satisfy one of the conditions in section 5.
- i** If your withdrawal is from a Term Allocated Pension account, it can only be directly used to purchase another complying pension or annuity with comparable social security treatment. Ordinary allocated pensions do not meet this criteria.

→ For all rollovers proceed to section 6

Option 4: **Rollover only my preserved benefit** to the fund indicated in Option 1 or Option 3, and send the non-preserved benefit in cash.

i If you haven't already supplied your tax file number to us please complete the tax file number details in section 1

→ Proceed to section 5

Option 5: **Cash withdrawal**

To be able to access preserved or restricted non preserved benefits, you need to satisfy one of the conditions in section 5. If you are unsure as to whether you can meet a condition of release you should contact your financial adviser or our Customer Relations team on 1800 998 185.

The benefit must be credited to your Nominated Bank Account.

- i** To set up or change your existing Nominated Bank Account, simply complete and mail the 'Nominated Bank Account addition or amendment' form along with the required original certified identification documents (as specified in the form) to us for processing prior to submitting any cash payment requests.
- i** If you are closing your account, receiving a cash payment and have a suspended/frozen asset, we will automatically pay all available cash from your liquid assets. This payment will be made between 2 to 4 weeks of this request. Your account closure and the remainder of your cash paid will be made once and finally when the suspended/frozen asset proceeds are received.
- i** For partial redemptions, from your suspended/frozen fund after the initial available cash payment has been made, we will not automatically pay this. You will need to contact us to request an available payment.

→ Proceed to section 5



5. Release of preserved benefits – applicable for Super and Pre-retirement Pension – mandatory section

Tick the condition that applies to you. **(Please select only one option)**

I have reached my preservation age, I have ceased employment and do not intend ever again to work more than 10 hours per week.

OR

I am over 60 and I have ceased an employment arrangement on or after reaching age 60.

i Contributions and investment earnings after the date you ceased employment will remain preserved until you meet one of the other criteria or meet the same criterion again. Selecting this condition may restrict your ability to request a full cash withdrawal.

i For more information on your preservation age please refer to the relevant disclosure document for your account, visit www.ato.gov.au or speak with your financial adviser.

Date ceased employment: | |

OR

I am over 65¹

OR

Terminated employment¹

I have left the service of my employer and at the time of termination of employment, my preserved benefits were less than \$200.

I have left the service of the employer who had (or any associates had) at any time contributed to my Superannuation account.

i This condition only releases restricted non-preserved benefits.

i To access benefits under this condition of release you need to provide a Separation Certificate issued by your company on a company letterhead confirming cessation of employment - original or certified required.

OR

Compassionate grounds¹ (Special conditions apply, refer to your financial adviser or call our Customer Relations team.)

i Please attach your Australian Taxation Office (ATO) approval letter allowing you to access to your preserved benefits based on compassionate grounds.

OR

I was a lost member and my entire benefit when released is less than \$200¹

OR

Permanent incapacity — complete and attach the Permanent Incapacity Claim form

OR

Terminal medical condition — complete and attach the Terminal Medical Claim form

¹ These conditions are only available to persons who are Australian or New Zealand citizens, or permanent residents. By signing this form, you declare that, where you have nominated this condition, you are an Australian or New Zealand citizen or permanent resident.



6. Option to continue with insurance - applicable for account closures only

- i** If you have **BT Protection Plan (BTPP) insurance or Priority Protection for Platform Investors (PPPI) insurance**, please contact your insurer directly or your adviser regarding options for your insurance.
- i** For partial withdrawal, we will maintain your existing insurance on your account unless you indicate below that you wish to cancel your insurance.

If you are **closing your super account** and have **APPP insurance**, the following options are available in relation to the insurance cover on your Asgard super account:

Continue your insurance (apart from Salary Continuance) at your current level of insurance cover without providing further medical evidence. Please note that your insurance cover will be transferred on a like for like basis and any exclusions on special conditions application to your current insurance cover will be maintained under the new cover.

- i** If you currently have APPP inside your super account, we will transfer your ownership to stand-alone APPP and will contact you to arrange a new premium payment method.

→ **Please complete the non-smoker declaration below**

OR

Continue your insurance at your current level of cover in your other Asgard super account.

Account number: - -

OR

Cancel your insurance inside super. Your insurance will be cancelled on closure of your account. **Note:** Selecting this option will only cancel your insurance inside super. To cancel your standalone policy, complete and attach the Insurance Account Amendment form.

→ **Proceed to section 7**

Non-smoker declaration

In order to ensure that your correct APPP insurance premiums apply to your new policy and that your eligibility cover has not altered, you need to complete the following statement. If you have not previously made this statement and do not confirm your details at this stage your premiums will be calculated and charged on the basis you are a smoker and these may not be refunded at a later time.

I am a non-smoker (I have not smoked tobacco or any other substance in the last 12 months)

OR

I am a smoker

1 These conditions are only available to persons who are Australian or New Zealand citizens, or permanent residents. By signing this form, you declare that, where you have nominated this condition, you are an Australian or New Zealand citizen or permanent resident.



