

eWRAP 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

❗ 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

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 apply using the [DASP online application system](#) available from ato.gov.au.
- If you are making a cash withdrawal, additional information may be required.
 - Your cash withdrawal benefit will be paid to your Nominated Bank account. Refer to section 3, Option 5 for details on setting up or changing your existing Nominated Bank account.
 - If you didn't provide the necessary identification documents when opening your account you will need to complete and supply us with a 'Customer Identification Procedure 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 made personal contributions in the current or previous financial year, and intend to claim a tax deduction, or vary an earlier valid notice please read the important information below.
 - To avoid delays to your payment, you should submit your intent to claim or vary an earlier notice **before** submitting this form. Your adviser can submit this on AdviserNET, or you can complete a 'Notice of intent to claim or vary a deduction for personal super contributions' form available on *Investor Online* or by calling our Customer Relations team.
 - If you have already lodged a valid notice and do not wish to vary it, you do not need to complete section 6.
 - If you withdraw part of your superannuation benefit (as a rollover or a cash withdrawal), the Trustee may no longer hold some or all your personal contributions and you will not be able to claim or vary the contributions.
 - Once you close your account and make a full withdrawal, as the Trustee no longer holds any of your personal contributions you will not be able to claim or vary the contributions.
- If you have changed your name, please complete the Change Account Name form available from your financial adviser or our Customer Relations team, and return with this form.

Privacy Statement and Consent Request

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 asgard.com.au/privacy or by calling us. 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 request.

Your Consent

If we require you to provide identification documents (which only applies if you request your funds to be rolled over to a Self Managed Super Fund (SMSF)), by signing below, you consent to us collecting and holding any sensitive information such as health information or information about your racial or ethnic origin which appears on copies of your identity documents. You will not be able to withdraw your consent to Westpac holding this information after it has been provided because Westpac is required to retain copies of identification documents under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth).



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1. Account details — mandatory section

Date of birth

- - ,,

Surname

A horizontal number line starting at 0 and ending at 100. The numbers 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, and 100 are marked. The numbers 10, 20, 30, 40, 50, 60, 70, 80, 90, and 100 are shaded in light blue.

[illegible][illegible]

State Postcode

[illegible]

☐ This is my new address and contact details, can you please update my account details for all future correspondence.

Tax file number (TFN)

You are not obliged to provide us with your Tax File Number (TFN). However, providing us with your TFN gives you advantages which may not apply if you choose to withhold your TFN, as detailed in Section 11 of our Privacy Statement. Please contact the Australian Taxation Office for more information about your TFN and its use.

Any details you do provide us (including your TFN) that are personal information will be collected, used and disclosed in accordance with our Privacy Statement (in particular please see Section 11 as regards TFNs) which is available at asgard.com.au/privacy or by calling us.

Note: TFN is required for rollovers to a SMSF.



2. Payment amount — mandatory section

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 3

- 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 inside super, you have the option to cancel your insurance by completing an account amendment, rather than waiting until the final payment is made for this to occur. See section 5 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 the minimum Cash Account balance in my account as i would like to keep my account open

- i** Fees may still apply.
- i** Refer to the eWRAP Super/Pension Additional Information Booklet for the minimum Cash Account balance applicable to your account. You can obtain a copy of this document through Investor Online.

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

Pay the following amount:

☐ Gross/before tax (in words) OR ☐ Net/after tax (in words)

Also, write in numbers \$, , .

.....OR.....

☐ Please pay all of my unrestricted non preserved benefits only



3. Payment options — mandatory

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 4

☐ 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
- The SMSF is a regulated superannuation fund and
- You consent to us collecting and holding any sensitive information which may appear on copies of your identification documents.

Rollover details

Fund name/SMSF name

[illegible]

Electronic Service Address (ESA) Alias – mandatory for SMSF

[illegible]

Fund phone number

[illegible]

Fund/SMSF Australian Business Number

[illegible]

Membership or account number (not required for SMSF)

[illegible]

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

[illegible]

3. 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 5

- ☐ 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 Asgard please complete the tax file number details in section 1.

➔ Proceed to section 4

- ☐ 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 4.

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 4



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4. Condition of release — applicable for Super and Pre-retirement Pension — mandatory section

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

☐ I am withdrawing an unrestricted non-preserved amount.

OR

☐ 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 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.



5. 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 insurance on your account unless you submit a request 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 eWRAP 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 will be transferred on a like for like basis and any exclusions or special conditions applicable to your current cover will be maintained under the new policy.

i If you currently have APPP inside your super account, we will transfer your cover to a Standalone APPP policy and contact you to arrange a new premium payment method.

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 a Standalone APPP policy, complete and attach the Insurance Account Amendment form.

➔ **Proceed to section 6**

6. Personal tax deduction notice

i If you have made personal contributions and you tick (✓) No or do not complete this section, **you confirm you have already claimed or do not intend to make a tax deduction notice** for your personal contributions.

i We will change any personal deducted contributions that you have not submitted a notice for to personal undeducted contributions and you will not be able to claim a tax deduction on these funds after the withdrawal is processed.

Please indicate by ticking (✓) if you intend to vary an earlier notice, or claim a tax deduction for personal contributions made in the current or previous financial year.

☐ No, I do not intend to claim or vary a deduction ➔ **Proceed to section 7**

OR

☐ Yes, I confirm I have made personal contribution(s) and I wish to claim or vary a tax deduction.

How will you submit your notice?

☐ My 'Notice of intent to claim or vary a deduction' form has not been provided previously and is attached to this withdrawal request.

OR

☐ My adviser will submit my request via AdviserNET prior to you receiving this withdrawal request.



7. Declaration and consent – mandatory section

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

- I declare I have fully read this form and the information completed is true and correct
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require such information
- I discharge the Trustee of all further liability in respect of the benefits paid and transferred to in section 3 of this form
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer
- for rollovers to a SMSF, I confirm that
 - I am a member, trustee or director of a corporate trustee of the SMSF
 - the SMSF I am rolling over to is a regulated superannuation fund
 - I agree to the consents in the Privacy Statement and Consent Request section
- I have attached an original or certified copy of a power of attorney document or guardianship if required
- I confirm that I have read and agree to the information stated in the 'Important information section' of this form.

Note: Signatures must be in ink, we cannot accept digital signatures.

If signing under a power of attorney, I verify that at the time of signing, I have not received notice of revocation of that power.

Signature of: ☐ Member ☐ Power of attorney

Date

Name (only required if other than the account holder has signed above)

Reason for account closure (if applicable)

To help us improve our services, please tell us why you are closing your account.

- ☐ Fees and charges ☐ Performance of my investment ☐ Service issues with Asgard
- ☐ Service issues with my financial adviser ☐ Personal reasons eg buying a house ☐ Consolidating multiple accounts
- ☐ Other – please specify:

Has this closure been recommended by your financial adviser?

☐ Yes ☐ No

