

Withdrawal form

Health Super Pension

IMPORTANT INFORMATION: Use this form to choose how you would like part or all of your Health Super Pension account balance to be paid/transferred.

In order for Health Super to process your payment request, we need to understand how your benefit is to be distributed. We recommend that you seek financial advice from a qualified financial advisor.

Making withdrawals

Withdrawals can generally be made at any time and are usually processed within 5 business days of receipt. These are treated as either:

- an irregular pension payment; or
- a lump sum withdrawal (also called a commutation) – this is treated as a lump sum superannuation payment and may be subject to lump sum tax on any taxable component depending on your age. Commutations can be taken either as a transfer to another fund or in cash.

Please note: Government rules mean that you have to take at least your pro-rata minimum income payment before you can take a partial or full withdrawal/transfer. Your pro-rata minimum payment is your annual minimum payment amount multiplied by the portion of days in the financial year from 1 July (or the start of your pension if it was later), to the time you withdraw or rollover. If an additional income payment is required to be paid it will be treated as an irregular income payment as outlined above.

If you do not specify whether you would like your withdrawal treated as an irregular pension payment or a commutation, we are required to treat it as a pension payment.

If a lump sum withdrawal results in a full withdrawal from your Health Super Pension, Health Super is legally required to pay your minimum pension amount for the relevant portion of that financial year.

Your details

*Your Health Super Pension no.

/ABP

*Given name(s)

Mr Ms Mrs Miss Dr Other (specify)

*Surname

*Date of birth

*Residential address

City/Town

State

Postcode

*Indicates mandatory fields. Please ensure these fields are completed properly.

Tip: When supply Health Super with new or updated details, please ensure you provide the following:

- your full name with no initials, including given name(s) and surname;
- your full residential address, (PO Boxes will not be accepted); and
- your date of birth.

If any of this information is not included Health Super may need to verify your identify before accepting your request.

1. Payment amount

I wish to receive (withdraw) *all* of my Health Super pension account balance.

I wish to receive (withdraw) *part* of my Health Super pension account balance. Please advise amount.

\$



2. Receive payment as cash (Please place a tick in the appropriate box)

You may elect to receive a cash payment as a cheque or as an Electronic Funds Transfer (directly to your bank account).

I wish to receive my payment as a cheque.

(If you elect this payment option, we require you to provide certified identification. Please see the Proof of ID page on our website healthsuper.com.au if you require further information on how to obtain certified identification.)

I wish to receive my cash payment as an EFT to my existing nominated bank account.

I wish to receive my cash payment as an EFT to an alternative bank account. Please complete your bank details below.

(If you elect this payment option, we require you to provide certified identification. Please see the Proof of ID page on our website healthsuper.com.au if you require further information on how to obtain certified identification.)

Name of Australian Financial Institution

Branch name

or

BSB number

Account name

Account number

IMPORTANT REMINDER: CERTIFYING YOUR IDENTITY

Before we can process a request for a cheque or to an alternative bank account, the Health Super Trustee must be absolutely certain of your identity. Which is why we require certified copies of documents confirming your identity. You need to provide a certified copy of any document that clearly shows your full name, date of birth, and current residential address.

Refer to the Proof of ID page on our website healthsuper.com.au for further information.

3. Transfer to another complying super fund (Please place a tick in the appropriate box)

I wish to transfer *all* of my payment to another complying super fund.

I wish to transfer *part* of my payment to another complying super fund. Please advise amount.

\$

Fund Name

Fund address

City/Town

State

Postcode

Australian Business Number (ABN)

and/or

RSE Registration Number

Please provide at least one of the following:

Superannuation Product Identification Number (SPIN)

or

Your Member Number with your new fund



The original form and certified copies of your identification should be sent via our postal address:
Health Super Pty Ltd, Locked Bag 2900, COLLINS STREET WEST VIC 8007

Declaration

I acknowledge that Health Super has only provided me with general advice. It may be beneficial for you to seek advice from a professional adviser before making any decisions based on the information provided. This advice has been prepared without taking into account your objectives, financial situation or needs. Before acting on this advice, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs. If the advice relates to the acquisition of a product, you should also obtain a current Pension Guide (Product Disclosure Statement) relating to the product and consider the Guide before making any decisions about whether to acquire the product.

Signature

Date

PRIVACY:

We collect your personal information for purposes detailed in Privacy Statements in Health Super's Pension Guide (Product Disclosure Statement) we have sent you. To find out more, read our Privacy Policy on healthsuper.com.au. If you would like a copy, or if you would like to access or update the personal information we hold about you, please contact Health Super's Privacy Officer on 1800 331 719.

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675).