

Benefit Payment Request

IMPORTANT: Please use BLOCK letters and black ink when completing this form and ensure it is signed and dated. Read all the information on the back of this form to help you complete it correctly. Attach any documentation before returning it to DIY Admin.

1. Payment type (TICK OPTION)

A <input type="checkbox"/> Retirement <small>Complete sections 2, 3, 5, 7 and provide ID as per back of form</small>	B <input type="checkbox"/> Rollover <small>Complete sections 2, 4, 7 and provide ID as per back of form</small>	C <input type="checkbox"/> Severe Financial Hardship <small>Complete sections 2, 4, 7 and provide ID as per back of form</small>	D <input type="checkbox"/> Compassionate Grounds <small>Complete sections 2, 3, 7 and provide ID as per back of form</small>	E <input type="checkbox"/> Unrestricted Non-Preserved Benefit <small>Complete sections 2, 3, 5, 7 and provide ID as per back of form</small>	Total Amount <input style="width: 50px;" type="text"/> \$..... only <input style="width: 50px;" type="text"/>
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2. Member Details

MEMBER			
<input style="width: 100%; height: 20px;" type="text"/>			
MR/MRS/MS/MISS			
<input style="width: 100%; height: 20px;" type="text"/>			
GIVEN NAMES			DATE OF BIRTH
<input style="width: 90%; height: 20px;" type="text"/>			<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
STREET ADDRESS / PO			
<input style="width: 100%; height: 20px;" type="text"/>			
SUBURB / TOWN / CITY			STATE
<input style="width: 90%; height: 20px;" type="text"/>			<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
DAYTIME CONTACT		EMAIL ADDRESS (UPPER AND LOWER CASE WHERE APPLICABLE)	
<input style="width: 80%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	
TRADING NAME OF PREVIOUS EMPLOYER			DATE LEFT EMPLOYMENT
<input style="width: 90%; height: 20px;" type="text"/>			<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
ARE YOU STILL WORKING WITH THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			

3. Tax File Number (TFN) details

Please read the section titled Tax File Number (TFN) details on the reverse of this page before completing this section.

I agree to provide my tax file number YES, MY TFN IS: NO

4. Rollover fund details

ROLLOVER FUND POLICY/PLAN NUMBER	UNIQUE SUPERANNUATION IDENTIFIER (USI)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
CHEQUE MADE PAYABLE TO Please obtain these numbers from the rollover fund	
<input style="width: 100%; height: 20px;" type="text"/>	
NAME OF ROLLOVER FUND	
<input style="width: 100%; height: 20px;" type="text"/>	
STREET ADDRESS / PO BOX	
<input style="width: 100%; height: 20px;" type="text"/>	
SUBURB/TOWN/CITY	STATE
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
POSTCODE	
<input style="width: 100%; height: 20px;" type="text"/>	

5. Retirement (TICK OPTION)

I declare that I am:

OVER AGE 55 AND HAVE PERMANENTLY RETIRED OVER AGE 60 AND HAVE CEASED EMPLOYMENT OVER AGE 65 (YOU MAY STILL BE WORKING)

Bank account details for payment of benefit

Account Name BSB Account No

6. Privacy

Please note that by sending personal information about yourself, you are agreeing that:

The Administrator, DIY Master and the Trustee, Aracon Superannuation Pty Ltd, can use it for the purposes of running your superannuation account. If you have any questions about your rights under the privacy legislation, please call the Administrator, on (07) 5555 5656.

7. Declaration

- I have read and understood the section headed 'Tax File Numbers details' overleaf, and by signing below and providing my TFN I am authorising the Trustee to pay my benefit as indicated. I understand that if I choose not to quote my TFN, the Trustee may be required to deduct tax at the top marginal rate plus Medicare Levy.
- Where the full balance of my account is to be paid from Cashel Super & Pension Plan, I hereby release the Trustee from any further liability to me or my executors, administrators or dependents in respect of my participation in the plan and request and authorise the termination of my membership in the Plan.
- I approve the deduction of benefit payment fees (if any) from the benefits transferred or paid (subject to legislative restrictions).
- I have read the notes overleaf and declare that the information supplied by me is correct.

MEMBER TO SIGN HERE:

DATE:

Benefit Payment Request

Section 1: Payment Type - Proof of Identity

Please supply a copy of the certified documents detailed below:

The person who is authorized to certify documents must sight the original and the copy to make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (e.g. Justice of the Peace) and date.

Acceptable Documents

The following documents may be used.

Either – one of the following documents only:

- Drivers licence issued under State or Territory Law
- Passport

Or

One of the following documents

- Birth certificate or birth extract
- Citizenship certificate issued by Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits

Plus

One of the following:

Letter from Centrelink regarding a Government payment

Notice issued by Commonwealth, State or Territory Government or Local Council within the last 12 months that contains your name and residential address (e.g. Tax Office Notice or Rates Notice)

Certification of personal documents

The following can certify copies of the originals as true and correct copies:

A permanent employee of Australia Post with 5 or more years of continuous service.

A finance company officer with 5 or more years of continuous service (with one or more finance companies)

An officer with, or authorized representative of, a holder of an Australian Financial Services Licence (AFSL), having 5 or more years of continuous service with one or more licensees.

A notary public

officer A police

officer

A registrar of a court

A Justice of the Peace or

A solicitor

Section 3: Tax File Number details

Please read the following information regarding the collection of tax file numbers:

- We can collect your tax file number under the Superannuation Industry (Supervision) Act 1993.
- If you do provide your tax file number to us, we will use it only for legal purposes This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any eligible termination payment you may be entitled to, and providing information to the Commissioner of Taxation or any relevant State authority.
- It is not an offence if you choose not to quote your tax file number. However, if you don't tell us your tax file number, either now or later, you may pay more tax on your benefits This additional tax would be able to be re-claimed at your next tax assessment with the Australian Taxation Office. In addition, a surcharge of up to 14.5% may apply to your superannuation contributions which may otherwise have not been payable. It may also be more difficult to locate or amalgamate your superannuation benefits in future to pay you any benefits to which you are entitled.
- If you provide your tax file number to us, we may provide it to the trustee of another superannuation fund or to an RSA provider where that RSA provider or trustee is to receive your transferred benefits in the future. We won't pass your tax file number to such a trustee or RSA provider if you tell us in writing that you don't want us to do so.
- We may also give your tax file number to the Commissioner of Taxation where you receive a benefit, or for the purposes of the lost members register. We may also pass your tax file number to any relevant state authority or the Commissioner of Taxation when paying unclaimed monies. Otherwise your tax file number will be treated as confidential.

The lawful purposes for which your tax file number can be used and the consequences of not quoting your tax file number may change in future as a result of legislative change. For more information please contact the Administrator, DIY Master on (07) 5555 5656 or the ATO Superannuation Helpline (13 10 20).

Section 7: Declaration

You must sign and date the Declaration before returning this form.