

## Acenda super withdrawal/rollover

Policy number

**Use this form to withdraw/rollover funds from your insurance policy. We can only accept your request if the form is completed correctly. We respect your privacy and handle your information in accordance with our privacy policy, available at [acenda.com.au/privacy-policy](https://acenda.com.au/privacy-policy)**

### 1. Policy and personal details

|                                                    |                              |                                           |                                       |                                               |                                    |
|----------------------------------------------------|------------------------------|-------------------------------------------|---------------------------------------|-----------------------------------------------|------------------------------------|
| Mr <input type="checkbox"/>                        | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/>             | Ms <input type="checkbox"/>           | Other <input type="checkbox"/>                | First name<br><input type="text"/> |
| Middle name<br><input type="text"/>                |                              |                                           |                                       |                                               | Last name<br><input type="text"/>  |
| Date of birth (DD/MM/YYYY)<br><input type="text"/> |                              |                                           | Email address<br><input type="text"/> |                                               |                                    |
| Mobile phone number<br><input type="text"/>        |                              | Home phone number<br><input type="text"/> |                                       | Business phone number<br><input type="text"/> |                                    |

#### Tax File Number details

Declining to quote your Tax File Number (TFN) is not an offence. However, if you do not quote it, or tell Nippon Life Insurance Australia and New Zealand Limited (the Insurer) and the Trustee if you are exempt from providing it, the Insurer and the Trustee will be required to deduct tax at the highest marginal rate, plus Medicare Levy from any withdrawals, and the Australian Taxation Office (ATO) may apply the Superannuation Contributions Tax (Surcharge), regardless of your income level. In some circumstances the additional tax on benefits and the Surcharge may be reclaimed through the ATO.

Under the Superannuation Industry (Supervision) Act 1993, the Insurer and the Trustee are allowed to use your TFN if paying out monies, identifying and amalgamating superannuation benefits, for Surcharge purposes and for other approved purposes. The approved purposes and the consequences, of not notifying a TFN may change in the future.

Your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed to another superannuation provider if your benefits are being transferred (unless you inform the Insurer and the Trustee in writing not to pass on your TFN).

Yes ☐ Enter your Tax File Number in the box below No ☐

Tax File Number

Please tick the boxes for the sections you are completing (more than one box can be ticked). You may only need to complete certain sections of this form.

- ☐ **Section 2** - If you are rolling over the amount.
- ☐ **Section 3** - If you are withdrawing the amount in cash.
- ☐ **Section 4** - If you are claiming a tax deduction on any contributions received by us.

**You will also need to complete section 5 - Declaration before returning.**



#### The Trustee

Equity Trustees Superannuation Limited  
ABN 50 055 641 757 AFSL 229757

#### The Fund

Smart Future Trust  
ABN 68 964 712 340

#### The Insurer

Nippon Life Insurance Australia and New Zealand Limited  
ABN 90 000 000 402 AFSL 230694

Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.

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## 2. Rollovers only

### 1. Do you want to have the outstanding balance rolled over?

Yes, to a nominated Super Fund ☐ Please go to question 2

Yes, to my Self-Managed Super Fund ☐ Please go to question 3

No ☐ Please go to section 3

### 2. Please provide details of the super fund receiving the rollover.

If you do not answer all of the questions below, your rollover may be delayed. This information can be provided by your chosen rollover institution.

Rollover payments cannot be paid directly to you. They must be paid by us directly to your chosen rollover institution.

Fund name

Fund address

Policy/Member number

Unique Superannuation Identifier (USI)

Australian Business Number (ABN)

### 3. Please provide details of the Self-Managed super fund receiving the rollover.

If you do not answer all of the questions below, your rollover may be delayed. This information can be provided by your chosen rollover institution.

Rollover payments cannot be paid directly to you. They must be paid by us directly to your chosen rollover institution .

Fund name

Fund address

Electronic Service Address (ESA)

Australian Business Number (ABN)

BSB number

Account number

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## 3. Withdrawals

If you are withdrawing the funds under a condition of release, you will also need to complete the **Identification Form – Individuals and Sole Traders** available on our website and return it to us together with certified copies of relevant identification documents. The withdrawal will not be able to proceed until we receive this information.

### 4. Do you want to withdraw the outstanding balance?

Yes ☐ Please go to question 5

No ☐ Please go to section 4

5. Please provide your account details below.

This payment option is not available for amounts being rolled over.

Once processed, the money will be paid into your account as cleared funds within two working days. Please note the Trustee can only pay to a bank or investment manager's account in your name or a joint account where you are an account holder.

Financial institution name

Financial institution address

Suburb

State

Postcode

Account name

BSB number

Account number

6. Due to superannuation laws surrounding withdrawal restrictions, we need to know the reason for your withdrawal. Tick the option that applies to you:

I have reached my preservation age, have finished employment and have no intention of being employed again. Please note: Your preservation age is dependent on when you were born.

☐ Please go to question 7

| Your preservation age is:   |                  |
|-----------------------------|------------------|
| Date of birth               | Preservation age |
| Before 1 July 1960          | 55               |
| 1 July 1960 to 30 June 1961 | 56               |
| 1 July 1961 to 30 June 1962 | 57               |
| 1 July 1962 to 30 June 1963 | 58               |
| 1 July 1963 to 30 June 1964 | 59               |
| After 30 June 1964          | 60               |

I am aged 60 to 64 and have left the service of an employer since reaching age 60. I have attached a letter (or other proof) from my previous employer confirming the date I stopped employment.

☐ Please go to question 8

I am aged 65 and over.

☐ Please go to question 8

I have retired due to total and permanent disablement and have stopped work permanently. (Note that the Trustee will request evidence to support your claim. Please call **13 65 25** for appropriate forms and instructions).

☐ Please go to question 7

I have been granted release from the ATO on compassionate grounds and attached the ATO approval.

☐ Please go to question 8

I wish to withdraw money from my restricted non-preserved benefit. I have attached a letter from my previous employer confirming the date I stopped employment and that the employer contributed to the Smart Future Trust on my behalf while I was employed.

☐ Please go to question 8

I have reached my preservation age plus 39 weeks (9 months) and have attached a letter issued by Centrelink or Department of Veterans' Affairs confirming that I have been receiving social security or Veterans' Affairs payments for a cumulative period of 39 weeks after reaching my preservation age and I am not currently working.

☐ Please go to question 8

7. Date of retirement or stopping work (DD/MM/YYYY)

## 4. Claiming a tax deduction

### 8. Do you wish to claim a tax deduction for personal contributions made to the account in the current or previous financial year?

No ☐ Please go to question 10

Yes ☐ Please read the following and complete the table on the next page.

Generally, if your employer is contributing to superannuation for you, you are not entitled to claim a tax deduction. A personal superannuation contribution can be claimed as a tax deduction if:

- you are substantially self-employed (you earn less than 10% of your assessable income from an employer); or
- you are an employee and your employer does not, and is not required by law, to provide you with any superannuation support.

If you need further information about claiming a tax deduction, please contact the ATO.

In the table below, show the amounts of contributions for the current and previous financial years

| Contribution type                                                                                                                                                                                                      | Current financial year | Previous financial year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| <b>A Member contribution</b><br>Contributions you have made to your own policy.                                                                                                                                        |                        |                         |
| <b>B Other contributions</b><br>made by: <ul style="list-style-type: none"><li>• your spouse (other than as your employer), or</li><li>• if you are under 18 years of age, someone other than your employer.</li></ul> |                        |                         |
| <b>C Employer contributions</b><br>made by: <ul style="list-style-type: none"><li>• your employer, or</li><li>• if you are 18 years of age or over, someone other than your employer.</li></ul>                        |                        |                         |
| <b>D Government co-contributions</b><br>Co-contributions made by the government, provided you meet the eligibility* conditions.                                                                                        |                        |                         |
| <b>Total contributions received by us</b>                                                                                                                                                                              |                        |                         |

\*Please contact your financial adviser or visit the ATO website [ato.gov.au](http://ato.gov.au) to determine your eligibility.

### 9. If you have advised member contributions in A of question 8, please nominate below the amount you intend to claim as a tax deduction.

| Contribution type | Current financial year | Previous financial year |
|-------------------|------------------------|-------------------------|
|                   | \$                     | \$                      |

### 10. Before sending this withdrawal form to us, please check you have:

☐ Completed all required sections of the form. ☐ Signed and dated the declaration on the following page.

Please note that failure to complete all required sections of this form may result in your withdrawal being delayed.

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## 5. Declaration

The answers I have given in this form are true.

I understand that this application will generate a withdrawal from my eligible MLC super or MLC pension account.

I am aware that I may ask for any information that I reasonably require for the purpose of understanding the effects on my benefit entitlement prior to rolling over my benefits. This includes information on fees, charges, effect on insurance cover (if applicable) and any other matter that I may require.

I declare that I require no such information and wish to transfer my benefits according to my instructions.

I am aware of any exit fee that may apply to this rollover or withdrawal and understand that any such fee will be deducted before the rollover or withdrawal is paid.

I am aware that this withdrawal may cause insurance cover (if any) to lapse, unless I establish an alternative payment method.

I have not previously submitted a Superannuation Contributions Tax Deduction Eligibility S.290–170 Form which included this amount. The amounts shown cannot be changed once this form is submitted.

### Applicant's signature

|                                                                                   |                 |             |             |             |
|-----------------------------------------------------------------------------------|-----------------|-------------|-------------|-------------|
|  | Date (DD/MM/YY) |             |             |             |
|                                                                                   | <div></div>     | <div></div> | <div></div> | <div></div> |

### Penalties may apply if a declaration is false.

This information is of a general nature only. We recommend you seek professional advice regarding your own taxation position.

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## 6. Send us your form

Please send your completed form to us at:

**Acenda - Operations**  
**PO BOX 23455**  
**Docklands VIC 3008**

**Email: [enquiries.retail@acenda.com.au](mailto:enquiries.retail@acenda.com.au)**

If you have any questions, please contact your financial adviser, or call us on **13 65 25**, between 8.30am to 6pm (AEST/AEDT), Monday to Friday.