

Guaranteed Annuities  
Lifestream Guaranteed Income

# Withdrawal request



**Please note:**

- Please complete this form using black or blue ink in capital letters. Mark appropriate answer boxes with a cross **X**.
- Fields marked with an asterisk (\*) must be completed for the purposes of anti-money laundering and counter-terrorism financing laws and the Foreign Account Tax Compliance Act (FATCA).

**1. Personal details or Australian companies/trusts and funds details**

**(All fields must be completed)**

Policy number

**Policy owner**

Title Date of birth\* (dd/mm/yyyy)

       

Given name(s)\*

Surname\*

Full Company/Trust/Fund name\*

Residential address\*

  

Suburb State Postcode

  

Country

Postal address\*

  

Suburb State Postcode

  

Country

Mobile number Alternate phone number

 

Email address

**2. Withdrawal amount**

Please indicate with a cross **X** type of withdrawal:

☐ Partial withdrawal<sup>1</sup> – amount \$

☐ Full withdrawal<sup>2</sup> ☐ Full rollover<sup>2</sup>

I would like to rollover the withdrawal value into the super fund named below

Fund name

Fund address

If you choose to rollover the withdraw amount to an Australian super fund, please complete **section 3**.

1 This option is not available for annuities purchased with super money and Lifetime Income annuities. The minimum amount for a partial withdrawal is \$5,000 and the remaining balance must be at least \$10,000.

2 The policy schedule must be returned with this form before we are able to make a full withdrawal. If the policy schedule is lost, please tick the box in the declaration section of this form.

**3. Rollover details**

Fund name

  

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

Membership or account number

Fund phone number

**4. Payment details (please complete all details of your nominated Australian bank, building society or credit union account.)**

Account name

  

BSB number

  

Account number

## 5. Identification (ID) requirements

You are required to complete this section and attach your certified ID documents and (if applicable) certified ID documents of your Power of Attorney. Please provide:

- One primary photographic identification, or
- Two primary non-photographic identification, or
- One primary non-photographic and one secondary identification.

For a valid certification, the certifier must confirm that the photocopy is a true and correct copy of the original documents, followed by their signature, name, qualification and date.

### Section 1 – Acceptable primary photographic identification (Select one valid option from this section only)

Policy owner

Driver licence issued in Australia or New Zealand containing a photograph of the person.	<input type="checkbox"/>
An Australian passport issued by the Commonwealth, which has not been expired for two years or more.	<input type="checkbox"/>
Proof of Age Cards issued under a law of a state or territory.	<input type="checkbox"/>
A national identity card, international driver's licence, international passport or similar document issued by a foreign government, United Nations (UN) or an agency of the UN, containing a photograph and signature of the person.	<input type="checkbox"/>

### Section 2 – Acceptable primary non-photographic identification

(Complete this section if you do not own a document from **Section 1**)

Select EITHER two valid options from this section

Policy owner

Australian birth certificate.	<input type="checkbox"/>
Australian citizenship certificate.	<input type="checkbox"/>
A concession card defined in the <i>Social Security Act 1991</i> and issued by Services Australia (formally the Department of Human Services/Centrelink), or the Department of Veterans' Affairs, being one of the following: <ul style="list-style-type: none"><li>• A pensioner concession card, or</li><li>• A health care card, or</li><li>• A senior's health card.</li></ul>	<input type="checkbox"/>
A citizenship certificate issued by a foreign government.	<input type="checkbox"/>
A birth certificate issued by a foreign government, United Nations (UN) or an agency of the UN.	<input type="checkbox"/>

**OR – select one valid option from Section 2 above and one valid option from Section 3.**

### Section 3 – Acceptable secondary identification

(The document must contain both your full name and residential address)

Policy owner

A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth or a refund by the Commonwealth to you (e.g. notice of assessment).	<input type="checkbox"/>
A notice issued by a local government body or utilities provider within the preceding three months that records the provision of services to you (e.g. rates, gas, water, electricity bill).	<input type="checkbox"/>
A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you (e.g. pension statement).	<input type="checkbox"/>

### Section 4 – Individuals that reside in an aged care facility

(Only complete this section if the documentation requirements on **Sections 1, 2 and 3** cannot be met and you reside in an aged care facility.) (Select both options from this section)

Policy owner

A notice or invoice issued by the aged care facility at which you reside, issued within the preceding three months, that records your name and the provision of care services to you.	<input type="checkbox"/>
A letter from Centrelink or Medicare which confirms your address is that of the aged care facility and/or which confirms that the aged care facility is receiving benefits on behalf of you.	<input type="checkbox"/>

#### Please note:

- For lifetime policies, at least one form of ID must contain your date of birth.
- Documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.
- Documents in a previous name must be accompanied by a change of name certificate (e.g. marriage certificate).

## Persons who can certify documents

A person who is currently licensed or registered under a law to practise in Australia in one of the following occupations:

- Architect
- Chiropractor
- Dentist
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Migration agent registered under Division 3 of Part 3 of the *Migration Act 1958*, or similar legislation in a foreign country
- Nurse
- Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);

An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees;

An officer with, or a credit representative of, a holder of an Australian credit licence, having two or more years of continuous service with one or more licensees; or a person who is in the following list:

- Accountant who is:
  - a. a fellow of the National Tax Accountants' Association; or
  - b. a member of any of the following:
    - i. Chartered Accountants Australia and New Zealand;
    - ii. the Association of Taxation and Management Accountants;
    - iii. CPA Australia;
    - iv. the Institute of Public Accountants
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- APS employee engaged on an ongoing basis with two or more years of continuous service who is not specified in another item in this list
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*).
- Bailiff
- Bank officer with two or more continuous years of service
- Building society officer with two or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with two or more years of continuous service
- Employee of a Commonwealth authority engaged on a permanent basis with two or more years of continuous service who is not specified in another item in this list
- Employee of the Australian Trade and Investments Commission who is:
  - a. in a country or place outside Australia and
  - b. authorised under paragraph 3(c) of the *Consular Fees Act 1955*; and
  - c. exercising the employee's function in that place

- Employee of the Commonwealth who is:
  - a. at a place outside Australia; and
  - b. authorised under paragraph 3(d) of the *Consular Fees Act 1955*; and
  - c. exercising the employee's function in that place
- Engineer who is:
  - a. a member of Engineers Australia, other than at the grade of student; or
  - b. a Registered Professional Engineer of Professionals Australia; or
  - c. registered as an engineer under a law of the Commonwealth, a State or Territory; or
  - d. registered on the National Engineering Register by Engineers Australia
- Finance company officer with two or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of the Australian Defence Force who is:
  - a. an officer; or
  - b. a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous service; or
  - c. a warrant officer within the meaning of that Act
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Governance Institute of Australia Ltd
- Member of:
  - a. the Parliament of the Commonwealth or
  - b. the Parliament of a State or
  - c. a Territory legislature or
  - d. a local government authority
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public, including a notary public (however described) exercising functions at a place outside:
  - a. the Commonwealth; and
  - b. the external Territories of the Commonwealth
- Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office providing postal services to the public
- Permanent employee of:
  - a. a State or Territory or a State or Territory authority; or
  - b. a local government authority; with two or more years of continuous service other than such an employee who is specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive employee of a Commonwealth authority
- Senior Executive employee of a State or Territory
- SES employee of the Commonwealth
- Sheriff
- Sheriff's officer
- Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution.

## 6. Declaration and acknowledgement

By signing this form I declare as follows:

- All answers given on this form are true and correct.
- I indemnify Resolution Life against any liabilities whatsoever arising out of it acting on any of these details provided by me in connection with this form.
- I understand that once my withdrawal is finalised it will not be reversed.
- I understand that where I am withdrawing from a Lifetime Income Annuity before the end of the guaranteed period, a Withdrawal Value will be payable and the annuity will come to an end.

By signing this form I declare that I have read and understood the Product Disclosure Statement.

If this form is signed under Power of Attorney, the Power of Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this form).

Please indicate with a cross **X** in box below if you have lost your policy schedule.

☐ I confirm that I have lost the policy schedule and declare:

- The policy owner is the legal owner of the above named policy.
- The policy is not currently the subject of an assignment, transfer, charge or lien and the policy owner has not in any way parted with their interest in it.
- I have made a thorough search for the policy schedule and it cannot be found.

Signature of policy owner

X

Date (dd mm yyyy)

Signature of Director/Company officer/trustee

X

Date (dd mm yyyy)

Signature of Director/Company officer/trustee

X

Date (dd mm yyyy)

## Where to send this form

This form must be mailed to:

Acenda  
Guaranteed Annuities  
GPO Box 3306  
Sydney NSW 2001

### Contact phone number

13 57 22  
between 8.30am and 5pm (AEST/AEDT),  
Monday to Friday, excluding public holidays.

## What you need to know

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