

# Superannuation and Deferred Annuity **Redemption / transfer form**

This form is to be used when redeeming your superannuation benefit from the Zurich Deferred Annuity or from the Zurich Master Superannuation Fund ("the fund"), or when transferring your benefit to another complying Superannuation Fund.

/
hange.
Postcode
Postcode
rved superannuation benefits under limited
x-Free superannuation components.

(go to section 6)

Title	Surname			
Given name(s)		Date	of birth / /	,
Note: Please a	ttach evidence such as a copy o	of a marriage certificate to veri	fy any name change.	
Residential add	ress		State	Postcode
Postal address (	if different to above)		State	Postcode
Contact details	Work ( )	Home (	)	
	Mobile	Email		
Are you a citize	n or a permanent resident of Aust	ralia or New Zealand? Yes	No	
	are or were a temporary resident Please contact Zurich Customer Ca			perannuation benefits under limited
2 Investm	nent details			
Zurich Investme	nt number			
Zurich Investme	nt type			
3 Redemp	tion / transfer amount			
Total Fund	value \$			
Partial fund	d value \$			
Where applicab	le, your redemption / transfer will	be drawn proportionally from you	ır Taxable and Tax-Free	superannuation components.
4 Reason	for withdrawal			
	redemption requests must be stated to rection 13 of this form).	supported with Proof of Age, a	nd in some cases oth	ner documentation. Please refer to
I request that th	ne Trustee or Zurich (as appropriate	e) to release my benefit on the gro	ounds of (please tick ap	propriate box)
Attaining a	ige 65		(go te	o section 7)
Permanent	retirement		(go to	o section 5)
Balance un	der \$200 (conditions apply*)		(go to	o section 7)
Withdrawa	of restricted non-preserved fund	S	(go to	o section 7)
Withdrawa	of unrestricted non-preserved fu	nds	(go t	o section 7)
Specified g	rounds released only upon approv	al by the Australian Taxation Offic	ce (ATO) (go to	o section 7)

\* A member may only access preserved benefits less than \$200, upon terminating employment with a standard employer-sponsor and where

that employer had contributed to the Fund.

Benefit transfer/rollover to another complying super fund

Personal details

5 Permanent retir	rement					
If you are permanently retiring please complete the following:						
Please pay a cash payment	to me, as I meet one	of the followi	ng criteria (please ti	tick the one o	riteria you b	est satisfy):
I have reached my preservation age* and have ceased gainful employment and have no intention to become gainfully employed either on a part or full time basis.						
I am age 60 or more a	nd ceased gainful em	ployment on o	or after my 60th bir	rthday.		
Go to Section 7.						
* Use the following table to	o work out your prese	ervation age.				
Date of birth	Preservation age					
Up to 30-6-1960	55					
1-7-1960 to 30-6-1961	56					
1-7-1961 to 30-6-1962	57					
1-7-1962 to 30-6-1963	58					
1-7-1963 to 30-6-1964	59					
1-7-1964 +	60					
6 Benefit transfer Please note: In accordance I request that the amount s Nominated Super Fund nar	e with superannuationshown in Section 3 (Re	on legislation edemption / Ti	, only transfers to	o a registere	d complying	nd) g superannuation fund are allowed.
Postal Address of Nominate	ed Super Fund					
					State	Postcode
Nominated Super Fund SFN	I / ABN					
Nominated Superannuation	n Fund Unique Supera	nnuation Iden	tifier (USI)*			
SMSF Electronic Service Ad	,					
Cheque to be made payable to						
Investment number						
* IMPORTANT: Please correquest without it.	ntact the nominated	superannua	tion fund for thei	ir USI. We v	vill not be a	ble to process your redemption
Payment to a Self-Manag	ged Superannuation	Fund (SMSF	·)			
Cheque made payable	to the SMSF					
Direct credit payment to an Australian bank account in the name of the SMSF.						
					opy of a bar	nk account statement header OR
	t confirmation docum	ent showing o	details of the accou	unt including	the account	name. In accordance with APRA/ATO
7 Payment details	(to be completed for	redemptions o	nlv)			
Preferred method of pay			<i>"</i>			
Cheque made payable to you Go to Section 9						
Direct credit payment to an Australian bank account in your name or a joint account where you are an account holder						
Direct credit details						
Please provide the bank acc	count details where yo	ou would like	the funds to be dep	posited:		
Name of financial institution						
Address						
State Postcode						
			Jiaie		. 0310000	
Bank/State/Branch (BSB num	ber)		Account number	r		
Account holder name						

Please check with your bank or financial institution that account details are correct. Incorrect information can result in payment to the wrong account. We are not responsible for funds paid to the wrong account on your instruction.

8 Insurance continuation					
If you are transferring the full amount of your superannuation, would yo	ou like to continue your life insurance cover				
(if applicable)?		Yes No No			
If 'Yes', would you like us to send the Product Disclosure Statement and (Please ensure you have provided your email address on page 1 of this fo		Yes No			
There is no automatic continuation of life insurance cover when y to continue cover depends on the terms and conditions of any ex cover, we will assess your eligibility and contact you with your open	isting cover. If you would like to continue you				
9 Tax File Number (TFN)					
Your TFN is confidential and under superannuation law the Trustee is allow to the Trustee of another complying superannuation fund if your benefits disclosed. In this instance you would have to reclaim the additional tax thro	are transferred, unless you request in writing for you				
I advise that my TFN is:					
and I authorise for this number to be quoted for the circumstances listed	d above.				
10 Additional information  You may ask for any information for the purpose of understanding the effect benefit. This includes information on fees, charges, effect on insurance cover		edeeming your			
Please tick $({m ec {\it v}})$ the relevant boxes below if you would like further information	n before we proceed with your request to rollover (trans	nsfer) or redemption.			
Information on fees and charges that will be applied					
Information regarding my insurance benefit (where applicable)					
Other information					
11 Notice of intent to claim a deduction IMPORTANT: If you are eligible to claim a deduction for contributi trustee with a valid notice of intent to claim a deduction form wh to claim for contributions made to a Fund that you are no longer	nile you are still a member of that Fund. Legall	ust provide the y you are unable			
A valid Notice of intent to claim a deduction form can be obtained:					
On the Superannuation Forms page on www.zurich.com.au					
By calling Zurich Customer Care on 131 551					
On the ATO website, www.ato.gov.au (Google search – ATO notice of intent to claim)					
12 Investor / Member's declaration and discharge I declare that all information and documents I have provided are true an Where the redemption or transfer represents a full redemption/transfer a full and effective discharge from the Equity Trustees Superannuation Lists obligations.	of my entitlement I agree that my receipt of that be				
Investor / Member's signature	Date				
V/					

#### Your privacy

Zurich and the Trustee are bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing Zurich and the Trustee with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. Please refer to the 'Trustee Privacy Statement' section in the "Zurich Superannuation Plan and Zurich Account-Based Pension Fee Guide and Additional Information" document located at www.zurich.com.au/zspandzabp.

A more detailed explanation of the Trustee's Privacy policy is available at www.eqt.com.au/global/privacystatement and can be obtained by contacting the EQT Group's Privacy Officer on (03) 8623 5000, or alternatively by contacting us via email at privacy@eqt.com.au. You should refer to the EQT Group Privacy policy for more detail about the personal information the EQT Group collects and how the EQT Group collects, uses and discloses your personal information.

For information about Zurich's Privacy Policy, a list of service providers and business partners that Zurich may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on the Zurich homepage – www.zurich.com.au, contact Zurich by telephone on 132 687 or email at privacy.officer@zurich.com.au

# 13 Checklist Refere you send this form to 7 urish please complete the following sheeklist. It identifies information that must

Before you send this form to Zurich, please complete the following checklist. It identifies information that must be provided when applying for a redemption/transfer from your Superannuation / Deferred Annuity plan. Ensuring that all information is provided will assist us in processing your request as quickly as possible.

For ALL redemptions/transfers, the following MUST be enclosed:  Proof of identity document(s). (see Section 14)
Your Tax File Number
For redemptions of part of, or all of a restricted non-preserved component, or balances of less than \$200 you must also enclose:  Letter/proof from your previous employer that you are no longer employed by that business.
For transfers/rollovers to another complying superannuation fund:  The USI for the nominated superannuation fund has been provided in Section 6.
For transfers to a Self-Managed Superannuation Fund where a direct credit has been requested A copy of a bank account statement OR bank account establishment confirmation document showing details of the account holder.
For Specified grounds, you must also enclose:  An original copy of ATO's letter approving early release of your superannuation benefits.
<b>Remember,</b> if you intend claiming contributions made to the Fund as a deduction, the trustee must receive a valid Notice of intent to claim a deduction form while you are still a member of the Fund.

### Questions? Call 131 551

Please send your completed application form to:

Zurich Customer Care, Locked Bag 994, North Sydney NSW 2059

#### 14 What identification items do we need from you?

To enable Zurich to finalise payment of your redemption / transfer, we require proof of identification to be provided together with your completed Redemption / Transfer form. Please note that the processing of your redemption / transfer will be delayed where you do not provide adequate identification.

If your Redemption / Transfer request is for a rollover to another complying superannuation fund (excluding a Self-Managed Superannuation Fund) you will not have to provide certified proof of identity documents. Instead you can provide your TFN which we will validate using the ATO's Super TIC service. Where we are unable to validate your TFN, you will be required to provide proof of identity documents to Zurich before we can finalise your redemption / transfer.

If you have not previously provided The Trustee with your TFN you can provide The Trustee with your TFN by:

Providing it in Section 9 of this form

Please tick which one applies

- Phone: Call our Customer Care team on 131 551
- Mail/Email: Complete a TFN Notification form (available online at www.zurich.com.au) and return it to Zurich at Locked Bag 994, North Sydney NSW 2059 or email it to client.service@zurich.com.au

In circumstances where we are unable to validate your TFN using the ATO's Super TIC service, or where you wish to rollover to a Self-Managed Superannuation Fund or for a redemption of your member benefit to be paid, you will need to provide us with a certified copy of ONE of the following photographic documents:

An <b>Australian passport</b> (provide the pages that identify you, including the page with your photograph). A passport that has expired up to 2 years ago is also acceptable;				
An Australian State or Territory dri	iver's licence bearing your photograph (front and back copies are required);			
A proof of age card issued by an A	ustralian State or Territory (must contain a photograph of you);			
A Foreign passport containing you OR	ur photograph and signature (see below for information on providing foreign language documents)			
If you cannot provide a certified copy of one document from column B.	e of the above documents then you must provide <b>certified copies</b> of one document from column A and one			
Α	В			
Australian birth certificate OR	Letter from Centrelink (or other Commonwealth, State or Territory agency) issued to you within the last 12 months regarding a government assistance payment showing your name and residential address			
Australian death certificate (for death claims only)				
Australian citizenship certificate	Utilities bill or local government notice issued to you within the last three months showing your name and residential address			
Health card issued by Centrelink	Notice issued by the ATO to you within the last 12 months showing your name and residential address			
Pension card issued by Centrelink (front and back copies)	Notice from school principal showing name, residential address and period of attendance of person under 18 issued within previous three months			

If you cannot provide any of these documents or you are unsure how to complete your identification form please contact us on 131 551 for assistance.

For a complete list of persons who can certify copies of documents, please contact Zurich Customer Care on 131 551, or refer to the Zurich website, www.zurich.com.au.

## How to certify a copy of a document

The law requires that we receive certified copies of the identification documents you provide us. A certified copy is a document that has been certified as a true copy of an original document by certain persons.

#### An example of a certified document:

I, John Smith of 123 Park Street, Sydney NSW 2000 in the capacity of a Justice of the Peace certify that this copy is a true and accurate copy of the original.

Signature:	J. Smith
Date:	01/07/2019

#### Please note:

- Any identification documents that are in a foreign language must be accompanied by an English translation from an accredited translator.
- If identification documents are being certified outside
  of the Commonwealth of Australia, generally speaking
  they may only be certified by an Australian consular
  officer (within the meaning of the Consular Fees Act
  1955) or an Australian diplomatic officer. For further
  information on obtaining certification whist overseas,
  please contact Zurich Customer Care on 131 551 (when
  calling from Australia) or 61 2 9995 1111 (when calling
  from overseas).