

Withdraw super from your Rollover Account

This is the form you should use when you withdraw your superannuation from your APSS Rollover Account.

The minimum amount you may withdraw from your APSS Rollover Account at any time is \$1,000 or the balance of your Account if your balance is less than \$2,000. Details on restrictions on accessing your superannuation are outlined in the *Your Member Savings Product Disclosure Statement (PDS)* and the *Guide to your Member Savings (Guide)* available in the *Publications & Forms* section at apss.com.au or by calling *SuperPhone* on **1300 360 373**.

Your Details

Gender: Male Female

Name: _____ Date of birth: _____

Address: _____

State: _____ Postcode: _____

Daytime phone: _____ Mobile phone: _____

Email: _____ Member number: _____

This number is shown on your Annual Benefit Statement.
For Australia Post Employees it is the same as your APS number.

Important

You must provide proof of identity as explained on page 3 of this form to enable your benefit payment to be processed.

Payment instructions

If you are aged under 65, you need to complete the Retirement Statutory Declaration on Page 5 of this form to receive any immediate payment (unless you can demonstrate that you meet another applicable 'condition of release' under superannuation law).

Your options

Full withdrawal
Indicate dollar amount or percentage (must add up to 100%)

Receive an immediate payment: _____

Open an APSS Allocated Pension Account: _____
(You must first receive and read the *Your APSS Pension Product Disclosure Statement (PDS)* and complete the application form attached to the PDS)

Rollover to an external super fund: _____
(Complete details on page 2)

Partial withdrawal
Indicate dollar amount or percentage

Receive an immediate payment: _____
Select gross OR net amount

Open an APSS Allocated Pension Account: _____
(You must first receive and read the *Your APSS Pension Product Disclosure Statement (PDS)* and complete the application form attached to the PDS)

Rollover to an external super fund: _____
(Complete details on page 2)

Note

Partial withdrawals will be made proportionally from the investment options applicable to you (namely, Cash, Conservative, Balanced and/or High Growth). If you are under your Preservation Age, you are only able to receive unrestricted non-preserved benefits as an immediate payment (if any), unless you satisfy another condition of release (refer to the *Your Member Savings PDS* and Guide, available at apss.com.au).

Withdraw super from your Rollover Account (continued)

Details of external superannuation fund

(note: if you wish to transfer your super to multiple super funds, you will need to complete a separate form for each fund)

Name of fund: _____

Fund's phone: _____

Fund's Australian Business Number (ABN): _____

Fund's Unique Superannuation Identifier (USI) number: _____

Your member number: _____

Is this Fund a Self-Managed Super Fund (SMSF): No Yes* If Yes, please provide the SMSF's banking details below:

Name of bank: _____ Branch: _____

SMSF Account name: _____

Branch number or BSB (6 digits): Account number (maximum 9 digits):

For SMSF payments: Please provide an original or copy of your SMSF bank statement, or a letter from your bank. This needs to identify the BSB, account number and confirm that the account is held in your SMSF's name.

Electronic Service Address (ESA) for your SMSF: _____

*Certified proof of identity is required if this other fund is a Self-Managed Super Fund (SMSF). Please refer to Page 3 for details.

Important

If you do not complete all of the fields of this form, there may be a delay in processing your request. If you need help with this form, call SuperPhone on 1300 360 373.

Payment instructions for immediate payment

All payments must be made by EFT, cheque payments are not permitted.

Name of bank: _____ Branch: _____

Account name (must be held in your name): _____

Branch number or BSB (6 digits): _____ Account number (maximum 9 digits): _____

Note: We require proof of your identity if receiving a payment into your bank account. Please refer to Page 3 for details.

If you elect to have the money paid into your bank account, then you MUST provide an original or copy of your bank statement, or a letter from your bank. This needs to identify the BSB, account number and confirm that the account is held in your name. If you are under age 65, you must also complete the Retirement Statutory Declaration on page 5 of this form.

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Withdraw super from your Rollover Account (continued)

Authorisation to the Trustee of the APSS

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct;
- I am aware I may ask the Trustee of the APSS for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my insurance cover or benefits, and I confirm that I do not require any further information; and
- I discharge the Trustee of the APSS of all further liability in respect of the benefits paid and transferred to the APSS.
- If the Trustee of the APSS holds my tax file number, I understand that the Trustee of the APSS may disclose my TFN to another superannuation provider if my benefits are being transferred, unless I have requested in writing that the APSS not do this.
- If I am required to provide proof of identity, and choose to provide electronic verification, then I authorise the use of my personal details provided (e.g. Medicare card, driver's licence, Australian passport) for this purpose using reliable and independent data sources coordinated through a third party, that may match my personal details against Government records, and accept that there will be a delay in processing my request if the personal details I have provided do not match my electronic identification details.

I request and consent to the transfer of superannuation as described in this form and authorise the superannuation provider of each fund to give effect to this transfer.

I request that you process my withdrawal request in accordance with my instructions and government legislation.

Privacy Collection Statement

I acknowledge and understand:

- that my personal information will be collected by the Trustee (PostSuper Pty Ltd) and stored and dealt with in accordance with the Trustee's Privacy Policy, available at apss.com.au, for the purpose of managing and administering my APSS Account;
- that if my personal information is not collected, then the Trustee may not be able to manage and administer my APSS Account;
- that my personal information may be disclosed to the Trustee's service providers, professional advisers, regulatory bodies and my employer (if applicable) and other parties (as required) in the course of managing and administering my account, as required by law or with my consent;
- that my personal information may be shared with overseas organisations and that I can obtain details of the countries in which such organisations are located by reading the Trustee's Privacy Policy; and
- the Trustee's Privacy Policy contains information about how I can access and seek correction of any personal information held about me by the Trustee, how I can complain about a breach of the Privacy Act 1988 (Cth) and how the Trustee will deal with any such complaint.

I consent to the handling of my information in this manner and acknowledge that I can access my personal information by contacting the APSS.

Signature: _____ Date: _____

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Withdraw super from your Rollover Account (continued)

Persons who can certify copies of original documents as true and correct copies:

- 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.
- Australian Consular Officer.
- Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1995).
- Bailiff.
- Chief executive officer of a Commonwealth court.
- Clerk of a court.
- Chiropractor.
- Commissioner for Affidavits.
- Commissioner for Declarations.
- Dentist.
- Employee of the Australian Trade and Investments Commission who is in a country or place outside Australia, authorised under paragraph 3 (d) of the Consular Fees Act 1955, and exercising his or her function in that place.
- Employee of the Commonwealth who is in a country or place outside Australia, authorised under paragraph 3(c) of the Consular Fees Act 1955, and exercising his or her function in that place.
- Fellow of the National Tax Accountants' Association.
- 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 of a court.
- Justice of the Peace.
- Magistrate.
- Master of a court.
- Medical practitioner.
- Member of Chartered Secretaries Australia.
- Member of Engineers Australia, other than at the grade of student.
- Member of the Australasian Institute of Mining and Metallurgy.
- Member of the Association of Taxation and Management Accountants.
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants.
- Member of:
 - the Parliament of the Commonwealth; or
 - the Parliament of a State; or
 - a Territory legislature; or
 - a local government authority of a State or Territory.
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961.
- Non-commissioned officer of the Australian Defence Force with two or more years of continuous service.
- Notary public (including a notary public in a foreign country).
- Nurse.
- Officer of a Bank, Building Society or Credit Union, with two or more years of continuous service.
- Officer or Warrant Officer of the Australian Defence Force.
- Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees.
- 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.
- Optometrist.
- Patent attorney or trade marks attorney.
- Permanent employee of a Commonwealth, State or Territory Government with two or more years of continuous service.
- Permanent employee of a Commonwealth authority or a State or Territory authority or a local government authority with two or more years of continuous service.
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made.
- Pharmacist.
- Physiotherapist.
- Police officer.
- Psychologist.
- Registered marriage celebrant under subdivision C of Division 1 of Part IV of the Marriage Act 1961.
- Registrar, or Deputy Registrar, of a court.
- Senior executive service employee of the Commonwealth or a Commonwealth authority or a State or Territory authority.
- Sheriff or Sheriff's officer.
- Teacher employed on a full-time basis at a school or tertiary education institution.
- Veterinary surgeon.



Please return the **original copy** of this form to **APSS, Locked Bag A5005, Sydney South, NSW 1235**

Note: Faxes or emailed copies will not be accepted as we need an original signature.