

# ANZ SMART CHOICE SUPER WITHDRAWAL FORM



1 October 2022

## Customer Services

Phone 13 12 87 (International +61 2 8366 1500)

Email [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

Website [anz.com/smartchoicesuper](http://anz.com/smartchoicesuper)

This form is to be used for rollovers and lump sum cash withdrawals by existing members in ANZ Smart Choice Super.

## INSTRUCTIONS

Please read the 'Important Information' section before you complete this form.

Complete and sign the form and return to:

### ANZ Smart Choice Super

GPO Box 5107

Sydney NSW 2001

Please note that emailed forms cannot be accepted.

## 1. MEMBER DETAILS

Member number

Title  Mr  Mrs  Ms  Miss  Dr  Other

Surname

Given name(s) (including middle name)

Date of birth

Tax file number (TFN)\*

\* Please refer to section 7 for further details on the collection of TFNs.

Residential address (this cannot be a PO Box)

Suburb/Town

State

Postcode

Country

Postal address (if different from above)

Suburb/Town

State

Postcode

Country

Business phone

Mobile phone

Email

Primary citizenship

Secondary citizenship

Occupation

If my withdrawal request requires any further queries, please contact me by:  Phone  Email

If you do not tick any box we will contact you by post.

### Proof of identity

**Note:** We will only accept original certified copies which must be attached to this form and mailed to us. A certified copy is a document that has been certified as a true copy of the original. We cannot accept a fax copy, photocopy or emailed copy.

I have attached a certified copy of my identification.

For more information on identification requirements and who can certify documents, please refer to page 7 of this form.

# ANZ SMART CHOICE SUPER WITHDRAWAL FORM

## 2. TAX QUESTIONNAIRE

Do you intend to claim a tax deduction on personal contributions made during the financial year?

- Yes – Complete the Notice of Intent to Claim a Tax Deduction Form attached to this form.
- No – Please proceed to section 3.

**Note:** Where a partial withdrawal or rollover is made, a tax deduction for personal contributions may only be allowed on a proportional basis. Generally, this affects personal contributions which are claimed as a tax deduction after a partial withdrawal or rollover has been made.

## 3. TYPE OF WITHDRAWAL REQUESTED

Please tick one of the following:

- I would like to rollover to another institution – please complete sections 5, 6b and 8.
- I would like to request a lump sum cash payment from my super account – please complete sections 4, 5, 6a and 8.

## 4. ELIGIBILITY TO WITHDRAW A LUMP SUM CASH PAYMENT

### a. Residency

Are you a permanent resident or citizen of Australia or New Zealand or a holder of a subclass 405 or 410 visa?

- Yes – please continue to part b.
- No – have you ever been a temporary Australian resident?
- Yes – please refer to the 'Important Information' page and complete part b where applicable.
- No – please continue to part b.

### b. Conditions of withdrawal

I would like to withdraw a lump sum cash payment. I have met one of the conditions of withdrawal, as indicated by me below.

Please tick one of the following:

- Retirement: I have reached my preservation age and have permanently retired from the workforce.
- Retirement: I am aged 60 years or more and have ceased an arrangement of gainful employment since attaining age 60 years.
- I am aged 65 years or more.
- The amount to be withdrawn is unrestricted non-preserved.

**Please note:** if you selected one of the above options and you hold an ANZ Bank account, you may be able to arrange a cash payment over the phone and you may not need to complete this form. Please call Customer Services on 13 12 87.

or

**Other\*** – Please refer to the 'Eligibility to withdraw a lump sum cash payment' section on the 'Important information' page before completing this section.

- |  |   |
|--|---|
| <input type="checkbox"/> Compassionate ground        | <input type="checkbox"/> Terminal medical condition |
| <input type="checkbox"/> Departed temporary resident | <input type="checkbox"/> Severe financial hardship  |
| <input type="checkbox"/> Permanent incapacity        | <input type="checkbox"/> Balances less than \$200   |

\*Do not use this form for withdrawals relating to death claims of the *Family Law Act 1975*. Please phone Customer Services on 13 12 87 for claim requirements.

# ANZ SMART CHOICE SUPER WITHDRAWAL FORM

## 5. WITHDRAWAL INSTRUCTIONS

### a. Full withdrawal only

- I would like to withdraw my total account balance. I am aware that any fees and any taxes will be deducted before payment is made. I understand that a full withdrawal will close my account.

**Note:** If you choose to close your account before any insurance benefits are paid, you should be aware that **any insurance will cease when the account is closed** and you may no longer be entitled to an insurance benefit payment. If you wish to retain your insurance, you may choose to make a partial withdrawal so that sufficient funds are retained within your account to pay future insurance fees and other charges.

Please proceed to section 6 – 'Payment instructions'.

### b. Partial withdrawal only

**Note:** Your withdrawal will be made from your investments in the same proportion as your future contributions. The lesser of 15% of your account balance or \$6,000 is required to keep the account open.

- I would like to make a partial withdrawal of \$

Please indicate below whether this amount is to be net or gross:

- Net: I would like my withdrawal to be net of fees and taxes. This means that the amount I have nominated is the exact amount that I will receive after any fees and taxes are deducted.
- Gross: I would like my withdrawal to be gross of fees and taxes. This means that the amount I have nominated is before any fees and taxes are deducted.

## 6. PAYMENT INSTRUCTIONS

### a. Lump sum payment

Payments cannot be made to third-party bank accounts (you can only nominate an account which is held in your name, either solely or jointly). It may take up to five days for funds to clear, depending on your financial institution.

Are you requesting payment to an Australian bank account:

- Yes – Please complete the section below.
- No – Please complete the International Funds Transfer Global Payment on page 10. **Please note** that we cannot send cheques overseas.

Name of financial institution

Branch

Account holder name(s)

BSB number

Account number

### b. Rollover

Name of receiving rollover institution

Australian Business Number (ABN)

Unique Superannuation Identifier (non-SMSF)

Account/Reference no.

Address of receiving rollover institution

Suburb/Town

State

Postcode

Contact no. of receiving rollover institution

### For SMSFs only

Please transfer my benefit to the following fund (Receiving fund details):

Account name

BSB number

Bank account number

Fund ABN

Electronic Service Address (ESA)

**Note:** We may request for further information/evidence about the SMSF bank account to confirm the payment destination.

**Note:** If your withdrawal is related to a Trans Tasman rollover, please complete the applicable Trans Tasman Application form for Whole Balance Transfers available by clicking on "Forms" at [anz.com/smartchoicesuper](http://anz.com/smartchoicesuper) for ANZ Smart Choice Super for employers and their employees and ANZ Smart Choice Super for ANZ Smart Choice Super for QBE Management Services Pty Ltd and their employees.

**Note:** If you are rolling over to a Self Managed Super Fund (SMSF), the payment will be made via direct credit to an SMSF bank account. Please provide a copy of your SMSF bank statement or Welcome Letter.

# ANZ SMART CHOICE SUPER WITHDRAWAL FORM

If transferring to a Self Managed Super Fund (SMSF), OnePath Custodians must verify your SMSF as complying and that you are a member of the fund. This is done through the SMSF Verification Service (SVS). If it is found that your information is incomplete you will be advised to contact the ATO.

## 7. TAX FILE NUMBER (TFN) NOTIFICATION

### Information you should know about providing your tax file number

You or your employer may already have provided your Tax File Number (TFN) to the Fund, if not, we are required to tell you the following details before you provide your TFN.

Your TFN is confidential, and you should know the following before you decide to provide it to OnePath Custodians or a third party engaged by either OnePath Custodians or a related party of OnePath Custodians to provide superannuation administration services ("third party administrator") relating to this product:

- OnePath Custodians and the third party administrator are authorised to collect your TFN under the Taxation and Superannuation Laws.
- If you do provide your TFN to OnePath Custodians or the third party administrator, they will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation benefit payments you may be entitled to.
- If you do provide your TFN to OnePath Custodians or the third party administrator, they may provide it to the trustee of another superannuation fund or a Retirement Savings Account (RSA) provider where the trustee or RSA provider is to receive your transferred benefits in the future.
- OnePath Custodians and the third party administrator will not pass your TFN to any other superannuation fund if you tell OnePath Custodians or the third party administrator in writing that you do not want them to pass it on.
- OnePath Custodians or the third party administrator may quote your TFN to the Australian Taxation Office (ATO) when reporting details of contributions for the purpose of lost member reporting, monitoring contributions caps and administration of the government co-contribution and low income superannuation contribution.

Otherwise your TFN will be treated as confidential. You are not required to provide your TFN. Declining to quote your TFN is not an offence.

However, if you do not give OnePath Custodians or the third party administrator, your TFN, either now or later:

- They may not be able to accept personal contributions.
- Additional taxes will apply to concessional contributions (including compulsory employer contributions).
- You may pay more tax on your superannuation benefits when you withdraw them than you have to (you may get this back at the end of the financial year in your income tax assessment).
- It may be difficult to locate or amalgamate your superannuation benefits in the future.

The purposes for which OnePath Custodians or the third party administrator can use your TFN and the consequences of not providing it to them may change in the future as a result of changes to the law.

# ANZ SMART CHOICE SUPER WITHDRAWAL FORM

## 8. DECLARATION AND SIGNATURE

Your withdrawal request will be processed as quickly as possible. Your final account balance cannot be calculated until the day payment is actually made. The amount that will be paid to you depends on the current value of your account, investment earnings or losses and any taxes and fees that may apply to your account.

The balance of your account will remain invested in the investment fund(s) you chose or in the default investment fund that applies to your fund until your account is paid to you or you ask us to change the investment fund.

If you have any concerns you should discuss these with your financial adviser.

By completing this form:

- I authorise the collection, use and disclosure of my personal information (including health and other sensitive information) for the purpose of the management and administration of those OnePath Custodians products and services in which I have invested or for which I wish to apply as outlined in the Privacy statement in the Additional Information Guide relevant to my ANZ Smart Choice Super account, in ANZ's Privacy Policy which is available at [anz.com/privacy](http://anz.com/privacy) and OnePath Custodians' Privacy Policy available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy). I understand that unless I consent to the collection, use and disclosure identified in the Privacy statement, OnePath Custodians will not be able to process my application or to deliver the relevant products or services.
- I consent to ANZ, OnePath Custodians and their related companies using my personal information (including health and other sensitive information) to send me information about their products or services from time to time. I also consent to OnePath Custodians disclosing my personal information (including health and other sensitive information) to organisations, including those in an arrangement or alliance with OnePath Custodians or its related companies, to share information for marketing purposes and to enable those alliance partners to send me information about their products and services. If I do not want OnePath Custodians, its related companies or alliance partners using and disclosing my information for this purpose, I understand and agree that I must phone 13 12 87 to withdraw my consent.

- I accept that where my employer (or former employer) has appointed a financial adviser for this plan, my personal information will be provided to the financial adviser in order to undertake the management and administration of the plan.
- I authorise my financial adviser (where I have nominated a financial adviser) to receive and access my personal information for the purposes of managing my investment. Where there is a change to this authority or relating to my adviser, I will notify OnePath Custodians of the change.
- I declare that I am not bankrupt or insolvent under administration and that the information provided by me in this form is true and correct. I request the Trustee, OnePath Custodians Pty Limited (ABN 12 008 508 496, AFSL 238346, RSE L0000673) (OnePath Custodians) to act upon and give effect to the directions given by me in this notice.
- I acknowledge that should I, or my estate, receive a payment from OnePath Custodians in full satisfaction of my benefits under the Fund (including any relevant insurance benefits to which I have become entitled), OnePath Custodians will have fully discharged their obligations under the Trust Deed governing the Fund, and that any payment made to or in respect of me shall be net of any lump sum tax paid, as required by law, to the Australian Taxation Office.
- If I provide my TFN, I have read and acknowledged the TFN information in section 7.
- I acknowledge that during abnormal or extreme markets some normally liquid assets may become illiquid, restricting OnePath Custodians' ability to sell them at short notice and to make withdrawal payments without delays or loss in value.
- I declare that I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- If requesting a full withdrawal, I understand that my ANZ Smart Choice Super account will be closed once the withdrawal has been processed. I have considered where my future contributions will be directed, if I will lose any benefits, in particular insurance cover, incur any investment costs, or will be changing my investment risk, and whether I am eligible to obtain adequate insurance elsewhere.

Name of member

Signature of member\*

Date

\*The signatures on the certified ID and on the current request needs to match. If they do not match please provide a signed statutory declaration explaining the difference in the signatures

# IMPORTANT INFORMATION

## ANZ SMART CHOICE SUPER WITHDRAWALS

1 October 2022

### ELIGIBILITY TO WITHDRAW A LUMP SUM CASH PAYMENT

If you are requesting a withdrawal for any of the reasons listed in this section, please note the requirements before proceeding with your request.

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#### Temporary Australian residents

If you are a temporary resident or have at any stage have been a temporary resident and are not a permanent resident of Australia or a citizen of Australia or New Zealand and not a holder of a Subclass 405 or 410 visa, you are only able to withdraw your preserved superannuation benefits under limited conditions of release, including: death, terminal medical condition, permanent incapacity, temporary incapacity, unclaimed money payment, and Departing Australian Superannuation Payment. Exceptions apply to individuals who have satisfied a condition of release prior to 1 April 2009. Please speak to your financial planner for more information.

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#### Severe financial hardship

You are required to complete and attach an 'Application for Early Release of Benefits due to Severe Financial Hardship' form. Please phone Customer Services on 13 12 87 to obtain a form.

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#### Compassionate ground

You must apply to the Australian Tax Office (ATO). Please phone the ATO on 13 10 20 for application requirements. If your application is approved, please include a certified copy of the ATO letter with this withdrawal form.

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#### Departed temporary resident

You must apply for a Departing Australia Superannuation Payment (DASP) from the Australian Taxation Office (ATO). Please phone Customer Services or visit the ATO website at [ato.gov.au/super](http://ato.gov.au/super) or phone the ATO Superannuation Infoline on 13 10 20 for more information. **Please note** that we cannot send cheques overseas.

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#### Permanent incapacity

Please phone Customer Services on 13 12 87 for claim requirements.

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#### Death

Please phone Customer Services on 13 12 87 for claim requirements.

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#### Terminal medical condition

Please phone Customer Services on 13 12 87 for claim requirements.

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#### Balance less than \$200

You may be able to access your super if your balance is less than \$200 and:

- Your account was considered "Lost super"; or
  - Your account was opened by your employer and your employment has since been terminated (not applicable for members of ANZ Smart Choice Super and Pension).
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# IMPORTANT INFORMATION

## ANZ SMART CHOICE SUPER WITHDRAWALS

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* requires us to identify you and verify your identity before we make a payment of your super.

To verify your identity please send in original certified copies (not original documents) of the following:

- one or more primary identification documents, or
- two or more secondary identification documents.

**Please note:** We cannot accept certified copies by fax or email.

**ANZ Financial Planners only** – complete the ANZ Financial Planning Identification Form which verifies you have collected sufficient identification from your client. Please note, you are not required to send in originals or copies of identification if you use this form.

### Primary Identification Document Types

- Australian State/Territory photographic driver's licence or learner's permit
- Australian Passport (current or one that has expired within the past two years)
- Foreign Passport\*
- Australian State/Territory Government issued Proof of Age Card
- Foreign Government issued National Identification Card\*
- Australian Firearms/Shooting Licence
- Australian Explosives Licence

\* If the identification document is written in a language other than English, the customer must provide a translation into English by a translator who is accredited by the National Accreditation Authority for Translators and Interpreters.

### Secondary Identification Document Types

Maximum of ONE of each document type:

- Birth certificate, birth card, birth extract issued by an Australian State or Territory, or Foreign Government\*
- Australian Medicare card
- Foreign driver's licence\*
- Australian or Foreign citizenship certificate\*
- Australian Government card or notice issued by Centrelink to concession holder. Includes any ONE of:
  - DHS Commonwealth Seniors Health Card or Health Care Card
  - DHS or DVA Pensioner Concession card
  - Benefits Notice (less than 12 months old)
- Australian ImmiCard. Includes any ONE of:
  - Evidence of Immigration Status (EIS) ImmiCard
  - Permanent Resident Evidence (PRE) ImmiCard
  - Residence Determination ImmiCard (RDI)
- Australian School attendance letter/notice issued by principal to person under 18, recording residential address and period of attendance (less than 3 months old)
- Australian Tax Office (ATO) assessment notice (less than 12 months old) with name, residential address and recording debt payable by/refund due to the person
- Notice issued by an approved Australian aged care facility (less than 12 months old) with name and residential address
- Letter issued by the Australian Electoral Commission (less than 3 months old) with name and residential address

\* If the identification document is written in a language other than English, the customer must provide a translation into English by a translator who is accredited by the National Accreditation Authority for Translators and Interpreters.

# IMPORTANT INFORMATION

## ANZ SMART CHOICE SUPER WITHDRAWALS

### CERTIFIED COPIES FOR AML KNOW YOUR CUSTOMER PURPOSES UNDER THE ANTI-MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING RULES

#### Certified Copies

Certified copies of documents for verification purposes is acceptable provided that they have been certified by persons authorised to certify documents. In all cases, the certification must not have taken place more than 3 months prior to when the identification and verification procedure is being undertaken.

The following is a list of persons authorised to certify a copy:

Certifier	Position Held in Australia	Position Held Overseas
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)	✓	
Judge	✓	
Magistrate	✓	
Chief executive officer of a Commonwealth court	✓	
Registrar, or deputy registrar, of a court	✓	
Justice of the Peace	✓	
Notary Public	✓	✓
Police Officer	✓	
Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public	✓	
Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public	✓	
Australian consular officer or an Australian diplomatic officer (within the meaning of the <i>Consular Fees Act 1955</i> )	✓	✓
Officer with 2 or more continuous years' service with one or more Australian financial institutions (for the purposes of the <i>Statutory Declarations Regulations 2018</i> ) or overseas financial institutions with which ANZ has an existing correspondent banking relationship	✓	✓
Finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the <i>Statutory Declarations Regulations 2018</i> )	✓	
Officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees	✓	
Member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants	✓	
Pharmacist	✓	
Employee of the Australian Trade Commission (AUSTRADE) who is: a. in a country or place outside Australia; and b. authorised under paragraph 3(d) of the <i>Consular Fees Act 1955</i> ; and c. exercising his or her function in that place		✓
A person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents		✓

**Note:** The person who is authorised to certify documents must make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, contact details, qualification (e.g. Justice of the Peace, Australia Post employee, etc.) and date.



# ANZ SMART CHOICE SUPER

## NOTICE OF INTENT TO CLAIM OR VARY A DEDUCTION FOR PERSONAL SUPER CONTRIBUTIONS

1 October 2022

### Customer Services

Phone 13 12 87 (International +61 2 8366 1500)

Email [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

Website [anz.com/smartchoicesuper](http://anz.com/smartchoicesuper)

Complete and sign the form if you intend to claim or vary a deduction for personal contributions and return to:

#### ANZ Smart Choice Super

GPO Box 5107

Sydney NSW 2001

### 1. MEMBER ACCOUNT NUMBER

Member number

### 2. MEMBER DETAILS

Date of birth

First name(s) (including middle name)

Last name

Residential address

Suburb/Town

Postcode

Home phone

Business phone

Mobile phone

Tax file number (TFN)

**Note:** You don't have to provide your TFN to us. However, if we do not have your TFN, we may not be able to accept your contributions. Providing your TFN will also assist us in correctly identifying you.

### 3. CONTRIBUTION DETAILS

You must complete and return this notice to ANZ if you intend to claim a taxation deduction for part or all of your personal superannuation contributions.

Financial year ended 30 June

My personal contributions to this Fund in the above financial year:

\$

The amount of these personal contributions I will be claiming as a tax deduction:

\$

Is this notice varying an earlier notice  Yes  No

**Please note:** A tax deduction for personal superannuation contributions may only be claimed by people in certain circumstances. Please refer to the Australian Taxation Office (ATO) or your tax adviser to determine if you are eligible to claim a personal tax deduction.

# ANZ SMART CHOICE SUPER

## NOTICE OF INTENT TO CLAIM OR VARY A DEDUCTION FOR PERSONAL SUPER CONTRIBUTIONS

### 4. DECLARATIONS

In signing one of the declarations on this form, you should be aware that the law has changed to expand the administrative penalty provisions to include penalties for making false or misleading statements that do not result in a shortfall amount.

This may include making false or misleading statements to an entity other than the ATO if the statement is required or allowed to be made under tax law, for example, a notice of intent to deduct super contributions given to a super fund.

For more information about these penalties, refer to Superannuation and false or misleading statements which do not result in a shortfall amount at [ato.gov.au](http://ato.gov.au)

#### 4A. DECLARATION

##### Intention to claim a tax deduction

Use this declaration if you have not previously lodged a notice with the Fund for these contributions.

I am lodging this notice before both of the following dates:

- the day that I lodged my income tax return for the year stated in section 3, and
- the end of the financial year after the year stated in section 3.

At the time of completing this notice:

- I intend to claim the personal contributions in section 3 above as a tax deduction.
- I am a member of Retirement Portfolio Service.
- Retirement Portfolio Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.
- I have not included these contributions in an earlier valid notice.

The information given on this form is correct and complete.

Name of member

Signature of member\*

Date

or

#### 4B. DECLARATION

##### Variation of previous valid deduction notice

Use this declaration if you have already lodged a valid notice with the Fund for these contributions and you wish to reduce the amount stated in that notice.

I confirm that:

- I intend to claim the personal contributions in section 3 above as a tax deduction.
- I am a member of Retirement Portfolio Service.
- Retirement Portfolio Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.
- I wish to vary my previous valid notice for these contributions by reducing the amount I advised in my previous notice.

I confirm that either:

- I have lodged my income tax return for the year in which the contribution was made, prior to the end of the following financial year and this variation notice is being lodged before the end of the day on which the return was lodged, or
- I have not yet lodged my income tax return for the relevant financial year and this variation notice is being lodged on or before the 30 June in the financial year following the year the contribution was made, or
- the Australian Tax Office has disallowed my claim for a deduction for the relevant year and this notice reduces the amount stated in my previous valid notice by the amount that has been disallowed.

The information given on this form is correct and complete.

Name of member

Signature of member\*

Date

\*The signatures on the certified ID and on the current request needs to match. If they do not match please provide a signed statutory declaration explaining the difference in the signatures

# ANZ SMART CHOICE SUPER

## INTERNATIONAL FUNDS TRANSFER GLOBAL PAYMENT

This section is only to be completed if you are arranging an international funds transfer and must be attached to the withdrawal form.

Date

Account holder's name		Currency	
Bank name		Swift code (Note: <b>Must</b> be provided)	
Bank address			
Suburb/Town		State	Postcode
Country			
Member account number <input type="text"/>			
Sort code (Mandatory for UK)			
Member IBAN no. (Mandatory for European countries)			
Routing number (Mandatory for USA & Canada)			
Reference/Invoice no. for Member		Total amount \$	
Message for Member			
Requisition by			
Team		Extension no.	

### OFFICE USE ONLY

Rate	Bid number
AUD \$	Payment ID no.