

## Benefit Payment Request Form

Use this form if you want to cash in your benefit. This form should not be used by temporary residents. For more information about withdrawing your benefits, see the PDS and Reference Guide.

Please use a **dark pen** and CAPITAL letters (except for your email address), print it and send it to us. Use **(X)** to mark boxes. Forms are located on our website at [maxsuper.com.au/member/forms-docs](http://maxsuper.com.au/member/forms-docs). If you have any questions, call us on 1300 629 787.

### Step 1: Your personal details

Member number

Date of birth

 -  - 

Title

Last name

Given name(s)

Residential address



Suburb

State

Postcode

Postal address (if different from residential)

Suburb

State

Postcode

Daytime contact number

Mobile number

M F

 

Tax file number (if not previously provided)

Email

**NOTE:** It isn't compulsory to provide your TFN but if you don't, (1) you may pay additional tax on your benefit payment and (2) you may need to supply proof of identity if you wish to transfer your benefit. See Notes at the back of the form.

## Step 2: What would you like to do?

### Cash my benefit

Please complete sections 3, 4 (if applicable), 5 and 8.

- My whole benefit
- My full unrestricted non-reserved amount
- The following amount \$   ,     ,     ,

**NOTE:** If you are under 60, tax may be payable on your benefit. Please place a **X** in this box  if the amount shown above is the benefit you require after tax.

## Step 3: Cashing declarations and employer information

### Condition of release declarations

You must satisfy one of these conditions of release to withdraw your super in cash. If you have any questions, please call us on 1300 788 658.

Please **X** the options that apply to you:

- I declare that I am aged 65 year or over; or
- I declare that I am aged 60-64 years and have ceased a paid employment arrangement since turning age 60\*; or
- I declare that I am aged between my preservation age (see table) and age 64 years and have permanently retired; or
- I declare that I have ceased paid employment with an employer who contributed to my account and I wish to withdraw my restricted non-preserved benefit; or
- I declare that I have ceased paid employment arrangement with a participating employer and my account balance is under \$200.
- I wish to access an existing unrestricted non-preserved benefit

**\* Please provide the details below if you have turned 60 and ceased a paid employment arrangement:**

Date ceased paid employment: *If the date is more than five years ago, please record the year only.*

  -   -    

Employer name

## Step 4: Final contribution details (full withdrawals only)

Close my account without waiting for any further contributions from my employer

**OR**

Wait for the final contribution from my employer and then withdraw my benefit and close my account

Please provide the details of the employer currently making contributions to your account

Date terminated employment

Expected date of contribution

Employer name

Employer contact name

Employer phone number

Employer email address

## Step 5: Payment details (for full or partial cash payments)

Payment can be made directly to your bank account, or by cheque to either your residential address or postal address.

Pay direct to my bank account shown below.

**NOTE:** If you would like payment into your bank account, the account must be in your name and you must provide the account details below.

Account name

BSB number

Account number

Name of financial institution

Branch

Post a cheque to my residential address; or

Post a cheque to my postal address.

**NOTE:** Cheques can only be made out to you, not third parties.

## Step 6: Proof of identity (refer to the providing ID factsheet)

### Payments to you

We require a certified copy of proof of identity (POI) document(s) sent to us before we can pay your benefit. If you have already provided a certified copy of your POI document(s), you do not have to provide it again, as long as your name or residential address have not changed.

The **primary** documents we accept are listed below. The **secondary** documents we accept, and the people who can certify ALL documents, are listed under **Proof of identity** in the notes. This section also explains the documents we require if you have already provided a certified copy of POI document(s) but your name or residential address has subsequently changed.

We may request updated and/or additional certified copies of POI documents at any time if we consider this is necessary for the security of our members' benefits.

### Primary identification documents

We require a certified copy of ONE of the following primary documents:

- current Australian state/territory driver's license containing your photograph
- Australian passport
- current card issued under an Australian state or territory law to prove your age and containing your photograph
- current foreign passport or similar travel document containing your photograph and signature

### Secondary identification documents

Alternatively, we require certified copies of TWO secondary documents. A list of secondary documents is included in the **Notes** section accompanying this form.

- NOTE:**
- Documents written in a language other than English must be accompanied by an English translation prepared by an accredited translator.
  - If you are overseas and want to apply for a benefit payment, please contact us because different certification rules apply.

## Step 7: Privacy

The personal information you provide on this form is collected by and held for max Super by the fund administrator, DDH Graham Limited, in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth), for the purpose of administering your account and providing you with services associated with your fund membership.

For further information about how your personal information is handled, please call us on 1300 629 787 or visit [maxsuper.com.au/about/privacy-policy](http://maxsuper.com.au/about/privacy-policy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

## Step 8: Declaration

- I declare that the information I have provided in this form is true and correct.
- I understand that my insurance cover will cease if I don't have enough funds remaining in my super account to pay premiums.
- I declare that I have sufficient information to make an informed decision about the payment of my benefit from max Super.
- If I have asked the trustee to defer the payment of my benefit until my final SG payment comes in, but I have not provided a date for the final contribution, I authorise my employer to provide this date on my behalf.
- I understand that if I withdraw my account balance in full, any contributions received by max Super from my participating employer after the payment/transfer will be refunded.
- I declare that I am the member of max Super who is signing this declaration or I have been given Power of Attorney by the member and this Power of Attorney remains valid. A certified copy of the Power of Attorney has been provided.
- I understand that if I don't provide my tax file number, I may have additional tax deducted from my benefit, and the taxed component of any cash payment will be taxed at the highest marginal rate plus the Medicare levy and any other applicable levies.
- I have read and understand the max Super privacy policy.

Signature

Date of signed (DD-MM-YYYY)

Name (print in CAPITAL letters)

## Notes

### Tax file number

When applying for your benefit we encourage you to provide your tax file number (TFN) if you have not already done so. You don't have to provide your TFN but if you choose not to, and you are applying for your total benefit, the payment will be reduced by the amount of any additional tax payable on your concessional contributions, and the benefit, if taken in cash, will be taxed at the highest marginal rate plus the Medicare levy and any other applicable levies.

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

### Certification of personal documents

All copied pages of original POI documents (including any change of name documents) need to be certified as true copies by an authorised person with the appropriate Australian qualifications or registration (see below) who cannot be the owner or addressee of the document. The authorised person must sight the original and the copy to ensure both documents are identical, then make sure all pages have been certified by writing 'I certify that this document is a true copy of the original', followed by their signature, printed name, qualification (e.g. justice of the peace, Australia Post employee, etc.), registration number (if applicable) and date.

The following is a non exhaustive list of people who can certify copies of original documents:

- police officer
- Australia Post employee in charge of an office providing postal services (charges may apply)
- Officer or an authorised representative of an Australian Financial Services Licensee (AFSL) with two or more years continuous service
- medical practitioner
- legal practitioner
- pharmacist
- justice of the peace
- magistrate
- nurse
- optometrist
- dentist
- chiropractor
- physiotherapist
- psychologist
- veterinary surgeon
- full-time teacher employed at a school or tertiary institution