

# Withdraw from your Defined Benefit

## For Defined Benefit members only

1800 005 166

[info@caresuper.com.au](mailto:info@caresuper.com.au)

GPO Box 1547, Hobart TAS 7001

Use this form to make a withdrawal, convert to a CareSuper accumulation account, or transfer to another super fund.

### Important information

- Your insurance will cease if your total account balance is transferred to another super fund.
- Regardless of how and when you access your super, you should get advice from a licensed financial adviser first to confirm if a withdrawal will have tax or social security implications. If you're under 60, you may have to pay tax.

Our forms and fact sheets are available at [caresuper.com.au/forms](https://caresuper.com.au/forms).

## Section 1

### Your details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Preferred phone

Email

Employer

Do we have your tax file number (TFN)?

 Yes  No, but here it is: 

You don't have to provide your TFN, but you may pay extra tax or miss out on government incentives and you can't make personal contributions. Read our *Defined Benefit guide*.



---

## Section 2

### Your situation

Let us know if the following applies to you:

I've been retrenched or made redundant.

This may impact your final benefit. We'll confirm this with your employer.

I'm eligible to access my super because: Select one only.

I'm aged 60-64 and have permanently retired. I don't intend to work again for 10 or more hours a week.

Date of your retirement (DD MM YYYY)

I'm aged 60-64 and have ended an employment arrangement since turning 60.

Date your employment arrangement ended (DD MM YYYY)

I'm unable to ever work again due to illness or injury, or I'm terminally ill.

Date you stopped work due to illness or injury (DD MM YYYY)

You need to provide written opinions from two medical practitioners to support your application. For more information, read our *Early access to your super* fact sheet.

I'm applying under compassionate grounds.

You need to apply to the Australian Taxation Office first. For more information, read our *Early access to your super* fact sheet.

None of the above.

If you're under 65 years of age you may not be eligible to withdraw your super.

---

## Section 3

### Reason for requesting a payment

I want to:

Make a withdrawal - you need to complete sections 4, 7 and 8.

Transfer to a CareSuper accumulation account - you need to complete sections 5 and 8.

Transfer to another super fund - you need to complete sections 6, 7 and 8.

Transfer to a CareSuper Retirement Income account - you need to complete an *Open a Retirement Income account* form. Call us for more information. Go to section 8.

---





**Section 5**

**Transfer to a CareSuper accumulation account**

I want to transfer the following amount to my CareSuper account number:

--	--	--	--	--	--	--	--	--	--	--	--

If you don't have a CareSuper account, we'll set one up for you. Read our *Member PDS* for more information.

my full account balance.

This will close your account and any insurance cover will end. The final amount paid may vary due to investment earnings, tax and fees.

OR

an amount of \$ 

--	--	--	--	--	--	--	--	--	--	--	--

**Invest my Defined Benefit savings as follows:**

You can choose to invest in one or a combination of different investment options. If you don't make a choice, you'll be invested in the Balanced investment option. You can change your investments, including your investment option(s) for future transactions, in **Member Online**, by calling **1800 005 166** or by completing the *Change your investments* form.

Investment option	Investment %
<b>Pre-mixed options</b>	
Balanced	
Growth	
Alternative Growth	
Sustainable Balanced	
Conservative Balanced	
Capital Stable	
<b>Asset class options</b>	
Overseas Shares	
Australian Shares	
Property	
Fixed Interest	
Cash	
<b>Total</b>	<b>100%</b>



**Section 6**

**Transfer to another super fund**

I want to transfer:

my full account balance.

This will close your account and any insurance cover will end. The final amount paid may vary due to investment earnings, tax and fees.

OR

an amount of \$

If you're closing your Defined Benefit account, please also provide investment instructions for your remaining balance in section 5.

**New super fund details**

**Fund name**

**Phone**

**Member number**

**USI**

**ABN**

I'm transferring to a self-managed super fund

**Self-managed super fund name**

**ABN**

**Electronic service address (ESA)**

**Self-managed super fund bank account name**

**BSB number**

**Account number**

**Section 7**

**Provide proof of identity**

Complete this section if you're:

- making a withdrawal
- transferring to another super fund and you haven't provided your TFN in section 1.

Please verify your identity by choosing option 1 or 2.

**Option 1 – I want to use electronic verification**

I authorise CareSuper to use my details held for the purpose of confirming my identity. I understand that my details will be checked with the relevant official record holder through the use of third-party systems.

**Important:** Make sure that the details you provide below exactly match your documents. If the details vary, we won't be able to verify your identity electronically.

Provide details of any TWO of the following:

**1. Australian driver's licence**

Full name as appears on my driver's licence

My Australian driver's licence number

State of issue

Expiry date (DD MM YYYY)

Card issue number

**2. Medicare card**

Full name as appears on my Medicare card

My Medicare number

Valid to (MM YYYY)

Colour of card

Green

Yellow

Blue

Your reference number on this card is

**3. Australian passport**

Full name as appears on my passport

My Australian passport number

**Option 2 – I want to use paper-based verification**

I've provided certified proof of identity with this form. Read our *Guide to providing proof of ID* fact sheet for more details.

I authorise CareSuper to use my personal details for the purpose of confirming my identity if the paper copies of my certified identification documents are incorrectly certified, scanned or unable to be read. I understand that my details will be checked with the relevant official record holder through the use of third-party systems.

## Section 8

### Member declaration

By signing this form I'm making the following statements:

- To the best of my knowledge, the information I've provided is true and correct.
- I understand that CareSuper may contact my employer to verify answers I've given.
- I understand that I may lose benefits such as insurance if my account is closed. I've considered this and don't require any further information.
- I discharge the CareSuper trustee from any further liability in respect of my benefits paid and transferred from CareSuper.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at [caresuper.com.au/privacy-policy](https://caresuper.com.au/privacy-policy) or by calling us on **1800 005 166**.
- I request and consent to the payment of my benefits as described above, and authorise CareSuper to determine the tax treatment of my benefit.

Your signature

Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------



Return the completed, signed and dated form via:

- upload using the Contact Us portal in **Member Online**
- email to [info@caresuper.com.au](mailto:info@caresuper.com.au)
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001