

Withdrawing your super

1800 005 166

info@caresuper.com.au

GPO Box 1547, Hobart TAS 7001

Use this form to make a withdrawal or transfer to another super fund.

Once your completed form has been received, it usually takes around five business days to pay withdrawals or three business days to transfer to another super fund.

Important information

- Any insurance attached to your account will be cancelled if you close your account.
- Part withdrawals are paid in line with your chosen future transaction investment strategy. For example, if your chosen investment strategy for contributions and other transactions is split equally between two investment options, the withdrawal will be made in equal proportions from these investment options.
- If you're invested in our Direct Investment option (DIO), you can't withdraw or transfer funds invested in the DIO until they have been sold and transferred out of this option. You also need to keep minimum balances in all accounts to maintain them. To avoid delays, please call us on **1800 005 166** before you submit this form.
- If you want to claim a tax deduction or split your contributions with your spouse, do this before submitting this form. These options aren't available for contributions you've withdrawn from CareSuper.
- 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.

Don't complete this form if:

- you have a CareSuper retirement income account
- you're applying to access your super early due to financial hardship
- you've ever been a temporary resident of Australia, and you're not a permanent resident or citizen of Australia

If any of the above apply, you'll need to complete a different form. Call us for more information.

Our forms and fact sheets are available at caresuper.com.au/forms.

Section 1

Your personal 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

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, miss out on government incentives and you can't make personal contributions. Read our *How super works* guide available at caresuper.com.au/pds for more information.



Section 2

Reason for requesting a payment

I want to transfer to another super fund.

OR

I want to make a withdrawal. Select one only.

I'm aged 65 or older.

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 have 'unrestricted non-preserved' money.

I've left my employment and have less than \$200 in my CareSuper account.

If you choose one of the options below, you need to provide additional supporting documents with this form.

I have 'restricted non-preserved' money.

Date your employment arrangement ended (DD MM YYYY)

Employer name

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.

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.



Section 6

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

By completing this section, 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 7

**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 will lose benefits such as insurance if my account is closed. I've considered this and don't require any further information.
- I understand that if CareSuper receives any contributions after my account has been closed a new account may be opened for me.
- 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 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)

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



Return the completed, signed and dated form via:

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