

REQUEST FOR LUMP SUM PAYMENT



I, _____ Date of Birth: ____/____/____
(your name)
of _____
(street address)

(mailing address if different from street address)

(day time telephone no.) Tax File No. _____

1. I am applying to the Trustee of Combined Fund for the following to be paid to me as a lump sum from my account in the Fund (✓ tick one):

an amount of \$_____ after-tax (if any) has been deducted (**a minimum amount of \$1500 must be retained in your account after this payment**)

OR

the total amount held in my account after-tax (if any) has been deducted

2. I am eligible to receive a lump sum payment from my account because (✓ tick one):

I am aged 55 or more and have retired from the workforce (ie I do not intend to resume gainful employment for 10 or more hours a week)

I am aged 60 or more and have ceased employment with an employer since attaining that age. I left the service of that employer on ____/____/____.

I have attained age 65

I am withdrawing this payment from my Unrestricted Non-Preserved Benefit in the Fund

I have ceased employment with an employer who has contributed to Combined Fund and am withdrawing this payment from my Restricted Non-Preserved Benefit in the Fund.

I have a Terminal Medical Condition and have provided the necessary certification from two registered medical practitioners.

3. I understand that, with effect from the date of withdrawal of my benefit, **my insurance benefits for death and disablement (if any) shall cease** unless I specifically request, by ticking the box below, that they are maintained.

Please maintain any insurance cover I have in the Fund.

4. In accordance with the Government's Anti-Money Laundering/Counter Terrorism Financing Legislation, I have attached the following proof of identity (✓ tick one):

certified copy of my driver's licence or passport

OR

two items from the lists of documents shown overleaf

5. Would you please arrange for the benefit payment to be made by (✓ tick one):

cheque payable to me and sent to the above address

OR

payment to my bank account as nominated below (the nominated bank must accept deposits without a personalised deposit slip)

Account Name	
Name and address of Institution	
Account Number	Branch BSB Number

6. Signed: _____ Date: ____/____/____

THIS COMPLETED FORM **AND** PROOF OF IDENTITY SHOULD BE SENT TO:

COMBINED FUND
GPO BOX 4559
MELBOURNE VIC 3001

COMPLETING PROOF OF IDENTITY

Government regulations require you to provide documentation with this request to prove you are the person to whom the superannuation entitlements belong.

Each superannuation fund has its own requirements and as a result, other funds may request further information. However, in most cases, the following documents may be used as satisfactory proof of identity:

EITHER – a certified copy of your driver’s licence with photograph and signature or your passport containing photograph and signature.

OR – certified copies of two items from the lists below:

One of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits.

PLUS

One of the following documents:

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example:
 - Tax Office Notice of Assessment
 - Rates notice from local council

CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of ORIGINAL proof of identification documents need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping ‘certified true copy’ followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as **true and correct** copies:

- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership
- a permanent employee of Australia Post with five or more years of continuous service who is employed in an office supplying postal services to the public
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

IMPORTANT NOTE

A person who is entitled to witness a signature on a Statutory Declaration **may not** be eligible to certify a copy of an original. **For example, we cannot accept copies which have been certified by pharmacists, medical practitioners, dentists, teachers etc.**

May 2010