Apply for a super payout

Step 1 – Check that you're eligible

You wish to receive part or all of your super payout in cash

A portion of your super benefit may be preserved. If the preserved amount is over $200, legislation requires that it be retained in an approved rollover fund, unless one of the circumstances below applies to you.

- You are at least 55* years of age, have ceased employment and permanently retired from the workforce.
- You are at least 60 years of age and have ceased employment since attaining age 60.

Permanently retired is defined as never being gainfully employed again for more than 10 hours per week.

*Your preservation age is 55 if you were born before 1 July 1960.

Higher preservation ages apply as follows:

Date of Birth	Preservation Age
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
1 July 1964 or after	60

You wish to rollover to another fund

You can apply to transfer all or part of your super to another complying super fund.

Other circumstances

If you wish to apply for a super payout under other circumstances, you will need to complete the appropriate form. For assistance, please call the Helpline on **1800 000 086**.

These may include: Financial hardship or compassionate grounds, transfer to a KiwiSaver Account in New Zealand or permanent disability or death.

Step 2 – Check what form of identification you need to provide

For full details on completing proof of identity, refer to the Completing proof of identity fact sheet on the Scheme's website at **www.anzstaffsuper.com** or call the Helpline on **1800 000 086**.

Super Payout Requested	ID Required
Rollover/transfer to another complying fund	▶ Your TFN or a photocopy of your ID (certification is not required)
Rollover/transfer to an SMSF, cash payment or Trans Tasman transfer	▶ Certified copy of a current driver's licence OR current passport, OR ▶ One document from list one and one from list two below

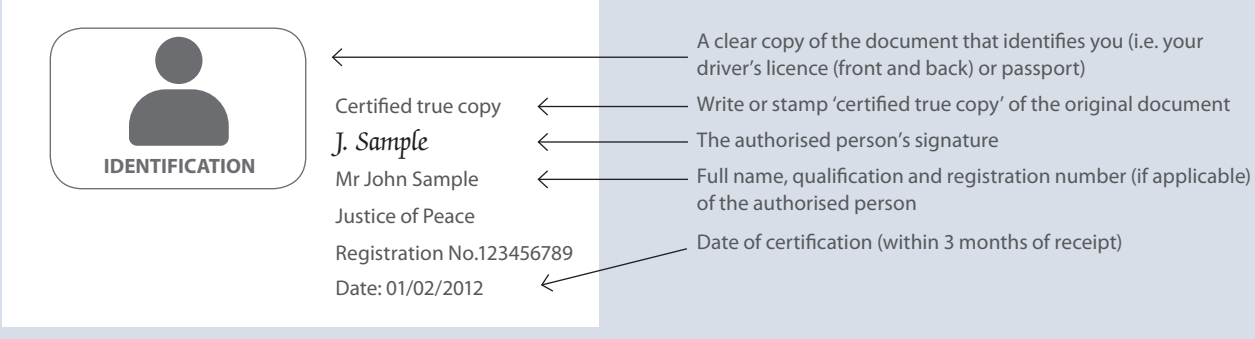
List One	List Two
Birth certificate	Electricity, gas or water bill issued in the last 3 months
Citizenship certificate issued by the Commonwealth	Landline phone bill issued in the last 3 months (mobile phone bills will NOT be accepted)
Pension card issued by the Department of Human Services (Centrelink)	Tax Office Notice of Assessment issued in the last 12 months

Step 3 – If you need to provide certified ID, go to your local post office and ask for your ID document(s) to be certified

Australian Post will charge a small fee for each photocopy you need to get certified. To be able to certify your documents, the Australian Post employee must be a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service in an office supplying postal services to the public.

To certify your documents, the authorised person needs to:

1. compare the photocopy to the ORIGINAL
2. include the following details on the copy:
3.
   - write on the photocopy: "Certified true copy" and
   - write their name, qualification and registration number (if applicable) and
   - sign and date the photocopy



Step 4 – Complete the form

Complete the form in black or blue pen, in uppercase and send to: ANZ Staff Super, GPO Box 4303, VIC 3001

Providing your Tax File Number (TFN)

There may be tax implications if you have not yet provided, or choose not to provide, your TFN. Whilst it is not compulsory to provide your TFN, not doing so could cost you in the following ways:

- you may have paid more tax than necessary on super contributions made for you by your employer (including SG, salary sacrifice and other contributions) in this financial year. This additional tax can be reversed if you provide your TFN to the Scheme before the end of the financial year, or your earlier payment from the Scheme. Although you may be able to claim back this additional tax if you later provide your TFN, time limits and other rules may apply, which may affect the size of any refund.
- you may pay additional tax on your super payout. However it might be possible to claim this back when lodging your tax return.
- you may miss out on any government Super Co-contributions for which you may be eligible; and
- you may have difficulty locating your super in the future, should you lose contact with your Scheme(s).

If you ask us to use your TFN as proof of identity, we will validate your TFN with the Australian Tax Office. If your TFN is not valid, you will need to provide proof of identify (see below) and your super payout will be delayed.

If you are uncertain as to whether or not you have provided your TFN, you can check these details on the Scheme's website **www.anzstaffsuper.com** or contact the Helpline on **1800 000 086**.

Important notice: In preparing this document the Trustee has not taken into account the investment objectives, financial situation and particular needs ("financial circumstances") of any person. Accordingly, before acting on the advice contained in this document, you should assess whether the advice is appropriate in light of your own financial circumstances and consider contacting your financial adviser. This document and interests in the ANZ Australian Staff Superannuation Scheme ("Scheme") are issued by ANZ Staff Superannuation (Australia) Pty Limited. You should consider the relevant PDS before making a decision in relation to a financial product.

ANZ Australian Staff Superannuation Scheme

ANZ Australian Staff Superannuation Scheme

Application for Early Release of Superannuation Benefits on Grounds of Permanent Incapacity

- **If you have insurance covering disablement, do not use this form**
- The Trustee reserves the right to request further information including medical reports at the cost of the member
- Please ensure that every question is answered. Incomplete forms will be returned and will result in a delay in processing your request for an early release of your preserved benefits
- Your treating medical practitioner and another medical practitioner must complete the enclosed Certificate of Medical Attendant forms
- Questions are to be answered by you or by a person acting on your behalf only if your treating doctor certifies that you are unable to sign.

If you need help

For assistance call ANZ Staff Super on **1800 000 086**.

Step 1 – Complete your personal details

Please print in black or blue pen, in uppercase, one character per box.

Title Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Other ☐☐☐ Date of birth ☐☐ / ☐☐ / ☐☐☐☐

Given names

Surname

Residential address **(must be advised)**

Suburb State Postcode

Postal address (if different from above)

Suburb State Postcode

Daytime Telephone - Mobile -

E-mail

Membership number

Issued by ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 as Trustee for the ANZ Australian Staff Superannuation Scheme ABN 83 810 127 567.

Step 2 – Qualifications and training

☐ Secondary – to what age? ☐☐

☐ TAFE

☐ University

Have the qualifications been completed ☐ YES ☐ NO

Other Trade / Course Qualifications

Please list the other Training you have undertaken:

Name of the Organisation

Name/Type of the course

When undertaken ☐☐ / ☐☐ / ☐☐☐☐

Name of the Organisation

Name/Type of the course

When undertaken ☐☐ / ☐☐ / ☐☐☐☐

Name of the Organisation

Name/Type of the course

When undertaken ☐☐ / ☐☐ / ☐☐☐☐

Name of the Organisation

Name/Type of the course

When undertaken ☐☐ / ☐☐ / ☐☐☐☐

Name of the Organisation

Name/Type of the course

When undertaken ☐☐ / ☐☐ / ☐☐☐☐

Step 3 – Reason to cease work

Please state the nature, circumstances and duration of the condition(s) that has caused you to cease work:

Step 4 – Details of registered medical practitioners

Please list the details of the registered medical practitioners you have consulted regarding this condition(s):

Given name of the medical practitioner

Surname

Daytime telephone number

Mobile

Period consulted

From

To

Given name of the medical practitioner

Surname

Daytime telephone number

Mobile

Period consulted

From

To

Given name of the medical practitioner

Surname

Continued

Step 4 – Details of registered medical practitioners (continued)

Daytime telephone number

Mobile

Period consulted

From

To

Given name of the medical practitioner

Surname

Daytime telephone number

Mobile

Period consulted

From

To

Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The Scheme Administrator, Mercer, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account in the Scheme and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential, but may be disclosed by the Trustee or Scheme Administrator to third parties, such as the Scheme's actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Superannuation Complaints Tribunal. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' inquiries or complaints.

Members' personal information may be disclosed to related entities of the Scheme Administrator located overseas (in particular, its wholly owned Global Operations Shared Services function in India) as part of the day-to-day provision of administration services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super
GPO Box 4303
Melbourne VIC 3001
Telephone: 1800 000 086
Facsimile: 03 9245 5827
Email: anzstaffsuper@superfacts.com

The Trustee's Privacy Policy Statement is available on the Scheme's website www.anzstaffsuper.com or from ANZ Staff Super by calling 1800 000 086. You can also access the Scheme Administrator's privacy policy on the Scheme's website.

Step 5 – Sign the form

I, (Please print name in uppercase _____

Address _____

_____

Declare that the information given in this form is true and correct in every detail. I authorise any person, hospital or doctor who has been or will be attending me, or any employer to provide ANZ Staff Super with any information that it may require in the consideration of this claim.

I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature ✗

Date / /

Signature of Witness ✗

Date / /

Name of Witness

Please return your completed form to:
ANZ Staff Super
GPO Box 4303
Melbourne VIC 3001