# **Australian Expatriate Superannuation Fund Benefit Payment Request - Lump Sum Accumulation Account**

#### **The Trustee**

will only accept this form if it is correctly and fully completed.

Any questions, call Member Services 1300 323 489

## **Explanatory Notes**

Please complete this form if you want to make a lump sum withdrawal from your Australian Expatriate Superannuation Fund.

If you wish to start a regular pension you will need to complete the Pension Application Form on our website **www.ivcm.com** 

If you wish to transfer to another rollover you will be required to complete the Transfer to another Super Fund Or where a transfer is to a Qualifying Recognised Overseas Pension Scheme (QROPS) you will be required to complete the Transfer to Another QROPS form available on our website **www.ivcm.com** 

Please complete this form in BLOCK CAPITALS and in black ink, returning the original to our office, Australian Expatriate Superannuation Fund, Lyl2, Suite 210, 25 Solent Circuit. Norwest Business Park, Baulkham Hills NSW 2153.

If you require further assistance we're always here to help on the phone. Just contact us on +61 2 7202 0151, Local 1300 323 489

## 1. Member details

| Member number/s          |               |   |                          |  |
|--------------------------|---------------|---|--------------------------|--|
| Full name                |               |   |                          |  |
| Date of birth [dd/mm/yy] |               |   | Email address            |  |
| Home Phone<br>Number     |               |   | Mobile Phone<br>Number   |  |
| Work Phone<br>Number     |               |   |                          |  |
| Country of<br>Residence  |               |   |                          |  |
| Residential<br>Address   |               |   |                          |  |
| Postal<br>address        | same as above | f not the same as <b>Residential Ad</b> | dress, please state here |  |

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| 2. Paym  | ent   |   |   |   |                                      |                                |                                       |
|----------|---|---|---|---|--------------------------------------|--------------------------------|---------------------------------------|
| 2.1 Pay  | ment Disclaimer   |   |   |   |                                      |                                |                                       |
| pro      | ı should consider the associated char<br>ceeding.<br>ase tick the box to confirm you have ı                       |   |   |   | •                                    |                                | h the relevant payment options before |
| 2.2 Pay  | ment Option   |   |   |   |                                      |                                |                                       |
| Γ        | Full Account Balance (I understa  | and that my account shall   | be closed in full and any i   | nsurance co                                     | over will be ter                     | minated)                       |                                       |
|          | Partial Withdrawal of \$  |   |   |   |                                      |                                |                                       |
|          | From which investment options   | do you wish to deduct yo  | our partial withdrawal?   |   |                                      |                                |                                       |
|          | Pro rata across all investment op OR  | otions,   |   |   |                                      |                                |                                       |
|          | From the specific investment op   | otions detailed below:  |   |   |                                      |                                |                                       |
|          | Full Name of Investment Op  | tion  | Percentage  |   |                                      |                                | Amount                                |
|          |   |   |   | %   | OR                                   | \$                             |                                       |
|          |   |   |   | %   | ΔD                                   |                                |                                       |
|          |   |   |   |   | OR                                   | \$                             |                                       |
|          | Please note that if no selection  | is made, your withdrawal  | will be made pro rata acro  | %   | OR                                   | \$                             |                                       |
| 3. Acces | Please note that if no selection is   |   |   | %   | OR                                   | \$                             |                                       |
| Your su  |   | eclaration) [tick one bo  | x only]<br>y. Taking a lump sum payı                                    | %<br>oss all inves                              | OR<br>tment options                  | \$ 5.                          | considered to be part of the super.   |
| Your su  | sing your Super (Retirement De  | eclaration) [tick one book<br>irement over the longevity<br>ptions refers to your circu                         | x only]<br>y. Taking a lump sum payı<br>ımstances.                      | %<br>oss all inves<br>ment remo                 | OR<br>tment options<br>ves the money | \$<br>5.<br>7 and is no longer | considered to be part of the super.   |
| Your su  | sing your Super (Retirement De<br>uper is designed to provide you in reti<br>confirm which one of the following o | eclaration) [tick one book<br>irement over the longevity<br>ptions refers to your circustribed Preservation Age | x only] y. Taking a lump sum payl<br>umstances. and have permanently re | %<br>oss all inves<br>ment remov<br>etired from | OR<br>tment options<br>ves the money | \$<br>5.<br>7 and is no longer | considered to be part of the super.   |

I am cashing in an amount from my unrestricted non-preserved part of my super which I can access (not available to QROPS Super policies).

# 4. Payment Options

|   | to specify your preferred payment option.   |
|---|---|
| Electronic Funds Tra                              | nsfer [EFT] to an Australian bank account   |
| Account Number                                    | BSB Number  |
| Account Name                                      |   |
| Please note the account<br>Statement) showing you | must be held in your name or jointly in your name and you must attach a copy of a document from your financial institution (e.g. a E<br>ur BSB, account number and account name which is no more than 3 months old. |
| OR  |   |
| International Money                               | Transfer (IMT) to your financial institution overseas.  |
| Bank Code   |   |
| Name of financial institu                         | tion  |
| Address of financial insti                        | tution  |
| Account Name                                      |   |
|   | must be held in your name or jointly in your name and you must attach a copy of a document from your financial institution (e.g. a Eur account number and account name which is no more than 3 months old.          |
| Account number or Inte                            | rnational Bank Account Number (IBAN)  |
|   |   |

| 5. Claiming a Tax Deduction for Personal Contributions   |
|--|
| Do you want to claim a tax deduction for personal contributions made in the current or previous financial year?  |
| If yes, please complete a 'Notice of intent to claim or vary a deduction for personal super contributions' form available from the ATO, or ask your adviser or Member Services on 1300 131 227 to have one sent to you.  |
| 6. Proof of Identity   |
| You will need to provide us with proof of identity before we can process your Benefit Payment Request. We are required to comply with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.  |
| You must complete and return the separate ' <b>Proof of Identity</b> ' document which is available from our website <b>www.ivcm.com</b> and provide certified copies of the identification document[s] listed before any payment can be made.  |
| Failure to comply with the <b>Proof of Identity</b> requirements may further delay your payment.   |
| I have enclosed the necessary ' <b>Proof of Identity</b> ' documents: Yes No   |
| 7. Providing your tax file number (TFN)  |
| Please provide your tax file number below after reading the following statement or you can opt not to provide your TFN number.   |
| Please provide your tax file number below where you fully understand that on paying the benefits laid out in this form you allow Australian Expatriate Superannuation Fund to supply the TFN number to the Australian Tax Office. Supplying your TFN may provide you with tax advantages. We shall only collect, use and store your TFN number for lawful purposes that relate to the administration of your superannuation account. |
| My TFN is  |
| OR   |
| I have opted not to provide my TFN number and understand that any queries submitted by the Australian Tax Office I shall be responsible for directly.  |
|  |
|  |

| 8. Tax Residency Declaration   |   |  |  |  |  |
|--|---|--|--|--|--|
| Please note: This section is only to be completed where your superannuation was originally transferred from the UK under a registered pension scheme or from another QROPS provider. |   |  |  |  |  |
| Please note: Information in this section is to help the Australian Expatriate Superannuation Fund on any HMRC reporting aspects.   |   |  |  |  |  |
| We require an original bank statement or a certified copy dated within the last 3 months to make payment.  |   |  |  |  |  |
| Are you currently a resident in the UK for a tax purposes? Yes   | No No   |  |  |  |  |
| Have you ever been resident in the UK for tax purposes? Yes  | No No   |  |  |  |  |
| If yes, please provide the date you left the UK for the tax purposes:  | Date [dd/mm/yy]   |  |  |  |  |
| 9. National Insurance Details  |   |  |  |  |  |
| Have you ever been provided with a National Insurance Number?  Yes   | No No   |  |  |  |  |
| If yes, please provide your National Insurance Number [2].   |   |  |  |  |  |
|  | ed to fill in and return a CA5403 to HMRC (The CA5403 is available on the HMRC website <b>national-insurance-number-in-writing-ca5403</b> or phone National Insurance Registrations |  |  |  |  |
| Where member isn't entitled to National Insurance Number   |   |  |  |  |  |
| I am not entitled to a NINO Reason why you are not entilted to a   | NINO  |  |  |  |  |
| Any other Tax reference numbers that represent you   |   |  |  |  |  |
| I hereby confirm that I am not a UK resident for tax purposes and have been  | a non-UK resident for full complete tax years.  |  |  |  |  |
| I am currently a resident in   | for tax purposes.   |  |  |  |  |

#### **Declaration**

- I declare that to the best of my knowledge and belief the information given on this notification is correct and complete.
- Lacknowledge that I have flexi accessed my pension rights under an overseas scheme and have triggered the MPAA rule. I therefore have 91 days to inform any other pension provider I have done so.
- I agree that if my jurisdiction changes I shall inform Australian Expatriate Superannuation Fund by completing an APSS241.
- I accept it is an offence to make false statement and that the penalties are severe and could lead to prosecution.
- I acknowledge and accept the information within this form and service provided under it do not extend to any financial or tax advice.
- By signing this declaration, I give my consent to collection, use and disclosure of my personal and sensitive information under the Privacy Act 1988.
- I have read and understand the implications of not providing a tax file number
- I understand if I do not provide my tax file number additional tax may be deducted from my final benefit.
- I fully understand the amount I have selected in the payment option section 2.2. I hereby release the Trustee from any further liability to me or my executors, administrators, or dependants.

| Member Signature |                 |
|------------------|-----------------|
|                  |                 |
|                  |                 |
|                  | Date [dd/mm/yy] |

# When complete

email or post this form:

# australia@ivcm.com

### **AESF**

Lvl2, Suite 210, 25 Solent Circuit Norwest Business Park Baulkham Hills NSW 2153 Australia

#### **Notes Section**

What happens next?

Once you have completed the Benefit Payment Request – Lump Sum Accumulation Account form with the supporting documents outlined in our customer check sheet below, please return the original form to our address Australian Expatriate Superannuation Fund, Lvl2, Suite 210, 25 Solent Circuit, Norwest Business Park, Baulkham Hills NSW 2153, Australia.

On receipt of all requirements to process the lump sum, Australian Expatriate Superannuation Fund will anticipate on processing the withdrawal and reporting the payment where required to HM Revenue and Customs within 10 to 15 working days.

Please allow a few extra days for payment to reach your bank account.

# **Checklist of documentation required**

| Fully completed Benefit Payment Request – Lump Sum Accumulation Account Form. (Original wet signature enclosed as copies are not accepted)   |
|--|
| Proof of Identity document and certified copies enclosed. (Please refer to our Proof of Identity document on our website <b>www.ivcm.com</b> )   |
| Original Bank Statement valid within the last 3 months (internet printed accepted) - Must show YOUR name as a bank account holder on the Bank Name. (Bank Transactions can be erased or covered).  |
| FORM 3 - ATO Foreign Super Transfer original enclosed - Where tax is to be deducted from the fund before payment. Please note once a lump sum has been paid, tax cannot be processed under our process and procedure. Please note sections 15 and 16 cannot be left blank unless you are filing a blank return. If you do not know the answers to sections 15 and 16 you may wish to seek financial or tax advice. |