Pension Withdrawal Form



Please write in BLOCK letters and use a BLUE or BLACK pen. This request will be invalid if unsigned, undated and certified ID is not provided.

SECTION 1: MEMBER DETAILS

Please complete this section in full.

SECTION 2: TAX FILE NUMBER (TFN) DETAILS

Please complete this section in full.

SECTION 3: CLAIM TYPE

Please complete this section in full.

SECTION 4: PAYMENT DETAILS

Please provide all details as requested including a copy of a statement from your Bank, Building Society or Credit Union to verify your account details.

SECTION 5: COMPLETING PROOF OF IDENTITY

This section is to be completed in full. Please ensure that all relevant documentation is attached or else your claim will be returned to you unpaid.

SECTION 6: ACKNOWLEDGEMENT AND SIGNATURE

Please complete this section in full.

SECTION 1: MEMBER DETAILS

Pension Member Number		(This can be f	ound on vour M	lember Stater	ment or corre	espondence from A	AMIST Super)
Mr/Mrs/Ms/Miss/Other							
Given Names							
Date of Birth (ddmmyyyy)							
Residential Address							
Street Number	Street Name						
Suburb/Town						State	Postcode
Cusurs, Town						Otate	l ostocac
Postal Address (if different	from residentia	l address)					
Street Number / PO Box	Street Name						
Suburb/Town						State	Postcode
Guburby Town						Otate	lostode
Telephone (daytime)		Mobile					
Email							
SECTION 2: TAX FILE NUMBER (TFN) DETAILS							
Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.							
AMIST Super may disclose yo							red, unless you
request in writing to AMIST S	,		·	·			
You are not obliged to provide your Tax File Number, however if we do not have your TFN the consequences are:							
- we will be obliged to deduct tax from any taxable portion of your benefit payment at the highest marginal rate of taxation,							
- any concessional contributions (e.g. contributions paid by your employer) will be taxed at a higher rate than would apply if we have your TFN,							
we won't be able to accept any non-concessional (voluntary after-tax contributions),							
you will not be able to receive any Government co-contributions.							
Tax File Number (TFN) details							
Complete this section for all benefit payments							
I agree to provide my Tax File	Number N	o Yes -	- my TFN is:				

SECTION 3: CLAIM TYPE

Before you Claim					
Please ensure that you complete the following:					
Superannuation Pension Payment					
How much do you wish to withdraw from AMIST Pension?					
Total amount					
Partial amount \$, .					
Please tick one box that is applicable to you.	*Early Retirement Age				
I am over early retirement age* and have permanently retired.	If you were born:	Early Retirement Age is:			
I have terminated employment on or after early retirement age* and am working less than 10 hours per week in paid employment and I have	Prior to 1 July 1960	55 years			
no intention of ever again being in paid employment for more than	Between 1 July 1960 and 30 June 1961	56 years			
10 hours per week.	Between 1 July 1961 and 30 June 1962	57 years			
I have ceased employment with any employer on or after reaching age 60.	Between 1 July 1962 and 30 June 1963	58 years			
I am over age 65 (you may still be working).	Between 1 July 1963 and 30 June 1964	57 years			
	After 1 July 1964	60 years			
SECTION 4: PAYMENT DETAILS					
Bank Name					
Account Name					
BSB Number Account Number					
I have attached a copy of a Statement or other document from the financial institution (Bank, Building Society or Credit Union) into which I wish my benefits to be paid, to verify the above account details. This account is in my name or a joint account in my name as I understand that payments cannot be made directly to a third party.					
Note: If this payment is going to the same account that your regular AMIST Pension payments are going to, this copy is not required.					

SECTION 5: COMPLETING PROOF OF IDENTITY

Please complete your membership number, full name and date of birth details. Completing your full name and date of birth details will enable us to locate your account, should you be unable to supply us with your membership number. Avoid the use of initials.

If you have provided proof of identity in past 12 months, this is not required.

Proof of Identity

We have to be sure that you are the person to whom the superannuation entitlement belongs.

All proof of age or identity documentation must be **CERTIFIED copies of the original** (refer example below). The following documents may be used.

I have provided AMIST Pension with proof of identity within the last 12 months or:

EITHER:	OR	AND	
One of the following documents only:	One of the following documents:	One of the following documents:	
Drivers Licence issued under State or Territory law or Passport.	Birth Certificate or Birth Extract Citizenship certificate issued by the Commonwealth Pension Card issued by Centrelink that entitles the person to financial benefits.	Letter from Centrelink regarding a Government assistance payment Notice issued by Commonwealth, State or Territory 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 (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

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

- a permanent employee of Australia Post with five or more years of continuous service
- 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.

What does a certified document look like? 1. Suzie Citizen has provided a photocopy of her identification Card Number 1 010 100 010 2. The certifying authority has Date of Birth signed the original copy and confirmed that it is a true copy THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL of the original identification. Name: A SMITH 3. The certifying authority has Registration no: 111111 included their contact details: 01 January 2000 Date: full name, qualification, ASall registration number if applicable, date and signature.

The person certifying the document must print their full name and the authority under which they are certifying the document.

Where they are relying on service with an organisation (e.g. financial planner) they need to state that the name of their employer, the length of time that they have worked for that organisation, and the organisation's Australian Financial Services Licence number (if applicable).

SECTION 6: ACKNOWLEDGEMENT AND SIGNATURE

Privacy

When your personal details are provided to AMIST Super they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. If you wish to view our privacy statement please go to www.amistsuper.com.au

Authorisation and Declaration

- · I understand that my account will close if my total benefit is paid.
- I understand that I may be required to provide a certified copy of my identity prior to my benefit being released by AMIST Super.
- · I understand that if I have not supplied my Tax File Number AMIST Super is required to deduct taxation from any taxable portion of my benefit at the highest marginal rate of taxation, and any employer (concessional) contributions paid into AMIST Super after 1 July 2007 may be subject to additional tax which cannot be recovered once my total benefit has been paid from AMIST Super. For information regarding taxation please refer to our Product Disclosure Statement (PDS) available at www.amist.com.au.
- I approve the deduction of fees by AMIST Super (if any) from my benefit (subject to legislative restrictions).
- I understand that in certain cases AMIST Super may be required by law to deduct tax from the taxable component (if any) of the superannuation payment.
- I understand that AMIST Super may request in writing additional information prior to releasing my benefit.
- Lackmounted as that in the expert that the financial institution account details provided in Costian 4 are incorrect it may not be possible

to recover the funds.	novided in dection 4 are medited; it may not be possible				
I declare that: (please tick the box that applies to you)					
1. I am an Australian citizen, New Zealand citizen or permanent resident of Australia;					
OR					
2. I am a temporary resident and one of the following applies:					
I hold a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement	nt) visa; or				
I wish to claim payment on the grounds of permanent incapacity, temporary incapacity or terminal illness or this application to withdraw super is on behalf of a deceased member – if any of these circumstances applies, please contact AMIST Super for assistance.					
A temporary resident is someone who holds a temporary visa as described in the Superannuation Industry (Supervision) Regulations 1994 or in the Migration Act 1958					
My signature					
	Dated (ddmmyyyy)				

Australian Meat Industry Superannuation Pty Limited (Trustee) ABN:25 002 981 919 RSE Licence: L0000895 AFSL: 238829 as Trustee for Australian Meat Industry Superannuation Trust (AMIST) ABN: 28 342 064 803 Registration No. R1001778

AMIST Super Hotline 1800 808 614

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