

Trustee:
Diversa Trustees Limited
ABN: 49 006 421 638
AFSL: 235153
Trustee No.: L0000635

WITHDRAWAL FORM

This is the form you should fill out to make a withdrawal from your Lindfield Super account.

Fund:
ABN: 32 367 272 075
USI: 32 367 272 075 156
Fund Registration No.: R1001204

Post the completed form to GPO Box 263, Sydney, NSW 2001

Section 1 Personal Details

Title and Given Name (s)

Surname

Date of Birth Phone number

Email address Gender

Residential address

City State Postcode

Postal Address

(if different to above)

City State Postcode

Member Number

If your personal details have changed recently, it may speed up the withdrawal process if you attach proof of these change of details. For example, if you have recently changed address then please attached proof of your new address.

Section 2 Employment Details

Name of last employer to contribute to Lindfield Super

Are you still working for this employer? Yes No

If no, when did you finish?/...../.....

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Section 3 Payment Instructions

Please provide your bank account details below (and attach evidence of this account)

Financial Institution	
Account Name	
BSB	
Account number	

Please choose one of these 5 withdrawal options:

OPTION 1 – Pay as Lump Sum (specify details below)

Pay an amount of \$. This is a gross amount. Tax may be payable on cash payments.

OR

Please retain a minimum balance of \$ in my Lindfield Super account and pay me the remainder in cash

OR

Please pay my total account balance

A portion of your benefit may be subject to preservation. If the preserved portion of your benefit is over \$200, legislation requires that this amount be retained in an approved roll-over fund until you are at least 60 years of age and have ceased employment since attaining age 60 OR you are between 55 and 60 years old, have ceased employment and have permanently retired from the workforce.

Permanently retired is defined as never being gainfully employed again for more than 10 hours per week. Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, calling, occupation or employment. If you are eligible, please complete one of the following declarations to allow your benefit payment to be processed.

- I have reached preservation age, have ceased employment and permanently retired from the workforce.
- I am at least 60 years of age and I have ceased employment since attaining age 60.
- I am at least 65 years of age.

LINDFIELD SUPERANNUATION FUND

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OPTION 2 – Rollover to another super fund (specify details below)

Rollover an amount of \$

OR

Please retain a minimum balance of \$ in my Lindfield Super account and rollover the remainder

OR

Please rollover my total account balance

Name of the fund you are making the rollover to

Fund address

Fund telephone number

Membership number

Fund ABN Fund USI

Tick this box if this is a Self-Managed Super Fund. There may be additional documents required if you are sending funds to a self-managed super fund. Please contact the Fund Administrator for further information.

OPTION 3 – Early release of your super based on compassionate grounds

You must attach an original approved letter from the Department of Human Services with this form and provide payment details on page 2.

OPTION 4 – Early release of your super due to financial hardship

You must include a completed Financial Hardship application – this payment will be subject to trustee approval.

OPTION 5 – Departing Australia Superannuation Payment

This option is not available to citizens of Australia and New Zealand, or Australian permanent residents. If you entered Australia on an eligible temporary resident visa and you have permanently left Australia, you may claim any super you have accumulated. Please download an application form from the ATO website (www.ato.gov.au). You can only complete and send this application after you leave Australia. Any approved amount can be paid by cheque or EFT to an Australian bank account.

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Section 4 Identification

You must provide a certified copy of your driver's licence or passport (or acceptable alternatives).

Section 5 Declaration and Signature

By completing this form:

- I have read and understand the information in the Lindfield Super Product Disclosure Statements (PDS) and related documents.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment
- I confirm the details I have provided above are correct
- If you provide your email address, you authorise us to send communications or information, including information required by law, to you by email
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of paying out my benefit and that I should consult an appropriately qualified adviser for such advice.
- I understand that I can request appropriate information that I may reasonably require from the Fund for the purpose of understanding my benefit entitlement, including information about fees and charges that may apply
- A withdrawal fee may be paid each time a benefit is paid
- By providing my email address, I consent and authorise Lindfield Super to send communications or information in electronic format, including information required by law, to you via email or similar technologies. I understand there is a Privacy Policy available at the Grosvenor Pirie website

I have read understood and agree to the above declaration

.....
Signature

...../...../.....
Date

.....
Print Name

Send the completed form along with your certified ID to GPO Box 263, Sydney, NSW 2001. Please note, we cannot process your withdrawal unless we receive the original in the post.