

# super safeguard

## Benefit Payment Request Form

Please return completed form to:  
Super Safeguard  
GPO Box 3426  
MELBOURNE VIC 3001



**Client Number**  **Date of Birth**

**Surname**  **Given Names**

**Postal Address**

**Suburb**  **State**  **Postcode**

**Residential Address**

**Suburb**  **State**  **Postcode**

### Contact Details

**Home Phone**  **Work Phone**  **Mobile**

**Email**

### Bank Account Details for Electronic Funds Transfer

Please note that a benefit may only be paid to an Australian bank account held in the name of the Super Safeguard account holder as identified above. EFT is not available for approved Departed Temporary Resident benefit payments, in which case a cheque will be issued in Australian dollars.

**Account Name**

**Bank**  **Branch**

**BSB**  **Account**

### Tax File Number

When receiving your benefit in cash we encourage you to quote your Tax File Number (TFN). You are not obligated to supply your TFN but if you choose not to, any cash benefit will be taxed at the highest marginal tax rate plus the Medicare Levy.

The 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. The Trustee of the Fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the Trustee of the Fund in writing that your TFN not be disclosed to any other superannuation provider.

**My Australian Tax File Number is:**

## Proof of Identity Requirements

To ensure the security of your benefit we require a copy of certified proof of your identity. Your application may be delayed if you do not supply appropriate requirements with your application.

I have attached a copy of certified identification.

## Benefit Payment Details

Please specify the grounds on which you wish to claim your benefit\*:

Retirement     Severe Financial Hardship     Departed Temporary Resident     Non Preserved  
 Under \$200     Disablement     APRA Approved Specified Grounds     Terminal Illness

\* Note: Special conditions apply to temporary residents other than holders of Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) visas (see "Declarations" section below).

## Benefit Payment Definitions

### Retirement:

By law, you are only able to receive your superannuation retirement benefit in either of the following circumstances:

- You are over the age of 55 and have permanently retired from the work force
- You are over the age of 65.

### Severe Financial Hardship:

To qualify for a Financial Hardship benefit:

- You must be in receipt of Commonwealth Income Support payments and have been receiving these payments continuously for at least 26 weeks and show that you are unable to meet reasonable and immediate family living expenses.
- If you are over 55, you must not be gainfully employed for more than 10 hours per week and you must have received Commonwealth Income Support payments for at least 39 weeks.

### Non-Preserved:

You may access any non-preserved (if applicable) monies in cash at any time. Your last Statement will show if you have any non-preserved benefits.

### Disablement - Incapacity due to Ill-Health

To qualify, the trustee must be reasonably satisfied that the member has become incapacitated to such an extent that he/she is unlikely, because of physical or mental ill-health, to ever again engage in employment for which the member is reasonably qualified by education, training and experience.

### Under \$200

If the total amount of your benefit is less than \$200.00, you may request that the full benefit be released to you, subject to Trustee approval.

### APRA Approved Specified Grounds

Under limited circumstances, you may be able to apply to APRA (Australian Prudential Regulation Authority) for the release of some of your superannuation.

If you have received APRA approval, please attach a certified copy of the APRA Letter of Notification.

### Departed Temporary Resident

*A temporary resident is someone who holds a temporary visa under the Migration Act 1958 as described in the Superannuation Industry (Supervision) Regulations 1994.*

You are entitled to claim back the superannuation you accrued while on a visa in Australia once you have left the country permanently and your visa has expired or been cancelled.

This form will need to be returned with a copy of your passport showing the arrival and exit stamps and cessation of your visa. For amounts of \$5,000 or more, a written statement from the Department of Immigration and Citizenship is also required. You cannot claim your benefit until your visa has expired or been cancelled.

Proof of your identity will also be required. We will require a certified copy of your current passport that:

- i) contains a photograph of you and your signature, and
- ii) is issued by a foreign government, the United Nations or an agency of the United Nations.

If the passport is not in English we will also require an English translation prepared by an accredited translator.

### Declarations for ALL members

1.  I am an Australian citizen, New Zealand citizen or permanent resident of Australia; or
2.  I hold or held a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) visa and have left Australia and am not an Australian citizen, New Zealand citizen or permanent resident of Australia; or
3.  I am or was the holder of a temporary resident visa (other than a subclass 404 or 410 visa) and one of the following applies:
  - I have left Australia and I am not an Australian citizen, New Zealand citizen or permanent resident of Australia; or
  - I wish to claim payment on the grounds of permanent 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 the fund for assistance.

I understand that if I choose **not** to quote my Tax File Number and it has not been provided to the Fund previously, the Trustee is required to deduct tax in relation to the taxable component of my benefit (if any) at the top marginal rate plus Medicare levy.

I have read the notes in this form and declare that all the information supplied by me is correct.

Signature

Date