

Benefit Payment Form

Please complete and return form to: LESF Administration, GPO Box 1424, Brisbane QLD 4001
Internet: www.lesf.com.au



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.

Complete this form to claim your benefit. Some benefits are subject to certain requirements. These are listed in each of the claim types in Section 3. If you are not an Australian citizen, New Zealand citizen or permanent resident of Australia you cannot claim your benefit on any of the grounds covered by this form. You need to complete a Departed Australia Superannuation Payment form, which can be downloaded from the ATO website, www.ato.gov.au

To assist you in completing this form, the following is a guide as to what sections you are required to complete.

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 select **one** claim type that is applicable to you. A cheque will be issued for all claim types.

SECTION 4: ROLLOVER INFORMATION

Only complete this section if you have selected the claim type Rollover.

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.

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SECTION 1: MEMBER DETAILS

Member Number

(This can be found on your Member Statement)

Mr/Mrs/Ms/Miss/Other

Surname

Given Names

Date of Birth (ddmmyyyy)

Residential Address

Street Number

Street Name

Suburb/Town

State

Postcode

Postal Address (if different from residential address)

Street Number / PO Box

Street Name

Suburb/Town

State

Postcode

Telephone (daytime)

Mobile

Email

Name of your current or last employer to contribute to LESF

Date ceased employment or last contribution to LESF (ddmmyyyy)

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.

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

It is not an offence not to quote your TFN. However, giving your TFN to LESF will have the following advantages (which may not otherwise apply):

- LESF will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Tax File Number (TFN) details

Complete this section for all benefit payments

I agree to provide my Tax File Number No

Yes – my TFN is:

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SECTION 3: CLAIM TYPE

Before you Claim

Please ensure that you complete the following:

Do you intend claiming a tax deduction as a self-employed or a substantially self-employed person? (S290-170)* Yes No

Do you intend to split eligible contributions with your spouse? Yes No

* If you have ticked either of these boxes, we will send you an additional form to complete. If you are self-employed or substantially self-employed you may be able to claim a deduction for any personal (non-concessional) contributions you have paid into the fund. Once your benefit has been paid from the fund you cannot claim the deduction or split your contributions with your spouse.

A. Retirement Benefit

Total amount

Partial amount \$, .

Please tick one box that is applicable to you.

I am over the age of 55 and have permanently retired.

I have terminated employment on or after age 55 and am working less than 10 hours per week in paid employment and I have no intention of ever again being in paid employment for more than 10 hours per week.

I have ceased employment with any employer on or after reaching age 60.

I am over age 65 (you may still be working).

If you have completed this claim type, please proceed to section 5.

B. Unrestricted Non-Preserved Benefit

• Unrestricted non preserved benefits are benefits that have previously satisfied a condition of release and are payable at any time. Please refer to your last member statement or log into MemberAccess.

• If you are making a partial claim, you must leave a minimum account balance of \$5000 in your account.

Total amount

Partial amount \$, .

If you have completed this claim type, please proceed to section 5.

C. Severe Financial Hardship Benefit

To claim your benefit under Severe Financial Hardship:

• Obtain a letter from the relevant Commonwealth Government Department stating that you have been in receipt of an income support payment for the period required by legislation (e.g. Q230 letter from Centrelink).

• Complete a Financial Hardship Questionnaire and Statutory Declaration and send it together with this form and all other documents, including certified proof of identity, to LESF.

Total amount*

Partial amount \$, .

* The minimum you can claim is \$1,000 and the maximum is \$10,000 unless:

1. Your total benefit is less than \$1,000 or

2. You are over the age of 55 and 39 weeks. You can claim your whole benefit if you have been receiving Centrelink payments for a cumulative period of 39 weeks.

Centrelink requirements

To confirm whether you have met the requirements regarding Commonwealth income support payments, LESF uses Centrelink's Confirmation eService (CCeS).

My Centrelink Reference Number (CRN) is:

By providing this number, I am giving consent to LESF and the LESF's administrator to confirm with Centrelink that my name, date of birth and CRN details supplied in this application match Centrelink records, and also to confirm whether I have a qualifying income support payment for the period required for the early release of my superannuation funds on the grounds of severe financial hardship.

My Signature

Dated (ddmmyyyy)

If you have completed this claim type, please proceed to section 5.

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SECTION 3: CLAIM TYPE (CONT)

D. Compassionate Grounds Benefit

To claim your benefit under Compassionate Grounds:

- Contact the Australian Prudential Regulation Authority (APRA) on 1300 13 10 60.
- When you receive your letter from APRA, send the original together with this form and all other documents, including certified proof of identity, to LESF.

I wish to claim my benefit under Compassionate Grounds

If you have completed this claim type, please proceed to section 5.

E. Small Benefit Claim

- If you have left your employer and your total preserved benefit is less than \$200 on the date of your claim, you may cash this benefit. Your account balance may change due to investment returns, fees and taxes. If your preserved benefit exceeds \$200 at the date of your claim, we will be unable to pay it.

Total amount

If you have completed this claim type, please proceed to section 5.

F. Rollover Benefit

- You can rollover your account balance into a different superannuation fund. If you are rolling over to one of our pension products please complete this section.
- If you are making a total claim, no further contributions are to be received by LESF. Your account will be closed and any insurance you have will cease.
- If you are making a partial claim, you must leave a minimum account balance of \$5000 in your account. Further contributions are to be received by LESF.

Total amount

Partial amount \$, .

If you have completed this claim type, please proceed to section 4.

SECTION 4: ROLLOVER INFORMATION

Rollover Fund Member/Policy Number										Australian Business Number (ABN)									
<input type="text"/>										<input type="text"/>									
Spin Number (can be obtained from new fund)					Cheque made payable to:														
<input type="text"/>					<input type="text"/>														
Name of Rollover Fund																			
<input type="text"/>																			
Postal Address																			
Street Number / PO Box										Street Name									
<input type="text"/>										<input type="text"/>									
Suburb/Town										State					Postcode				
<input type="text"/>										<input type="text"/>					<input type="text"/>				

If you have completed Rollover Information, please proceed to section 5.

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SECTION 5: COMPLETING PROOF OF IDENTITY

Please attach **certified documentation** to prove you are the person to whom the superannuation entitlements belong. Please tick the box/es to show which documents you have attached to this form. *(Only provide original documents if you are submitting this form in person at a Fund office).*

EITHER:	OR	AND
<p>One of the following documents only:</p> <p><input type="checkbox"/> A current driver's licence or permit issued under the law of a State or Territory; or</p> <p><input type="checkbox"/> A passport issued by the Commonwealth, which can be up to two years out of date;</p> <p>that contains a photograph of the person in whose name the document is issued.</p>	<p>One of the following documents:</p> <p><input type="checkbox"/> Birth certificate or birth extract</p> <p><input type="checkbox"/> Citizenship certificate issued by the Commonwealth</p> <p><input type="checkbox"/> Pension card issued by Centrelink that entitles you to financial benefits.</p>	<p>One of the following documents:</p> <p><input type="checkbox"/> Notice issued by Commonwealth, State or Territory Government within the past 12 months, containing your name and residential address, recording the provision of financial benefits (not applicable if you are also providing a pension card)</p> <p><input type="checkbox"/> Notice issued by the ATO within the past 12 months that contains your name and residential address</p> <p><input type="checkbox"/> Notice issued by a local council or utilities provider within the past three months that contains your name and residential address.</p>

If you are unable to provide accepted certified documents, please contact LESF for other options.

Certification of personal documents

All copied pages of **original** proof of identification documents need to be certified as true copies by any individual approved to do so (see below). The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date. The following people can certify copies of the originals as **true and correct** copies:

- Justice of the Peace
- Police officer
- Holder of a statutory office not specified in another item in this list
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Teacher employed on a full-time basis at a school or tertiary education institution
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Chief executive officer of a Commonwealth court
- Judge of a court
- Magistrate
- Notary public
- Person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- Registrar or deputy registrar of a court
- Bailiff
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Legal practitioner
- Master of a court
- Patent attorney
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Sheriff
- Sheriff's officer
- Trade marks attorney
- Chiropractor
- Dentist
- Medical practitioner
- Nurse
- Optometrist
- Pharmacist
- Physiotherapist
- Psychologist
- Veterinary surgeon
- Officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees

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SECTION 6: ACKNOWLEDGEMENT AND SIGNATURE

Privacy

When your personal details are provided to LESF 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.lesf.com.au

Authorisation and Declaration

- I understand that my account will close and any insurance will cease when my total benefit is paid.
- I understand that I must provide a certified copy of my identity prior to my benefit being released by LESF.
- I understand that if I have not supplied my TFN any employer (concessional) contributions paid into LESF after 1 July 2007 may be subject to an additional 31.5% tax which cannot be recovered once my total benefit has been paid from LESF.
- I understand that I cannot claim a deduction for any personal (non-concessional) contributions or split my contributions with my spouse when my total benefit has been paid from LESF.
- Where I have requested a rollover, I authorise LESF to make arrangements with the fund nominated above to have my benefits rolled out of LESF and acknowledge that this notice is irrevocable.
- If I have requested a rollover to a self managed superannuation fund (SMSF) I confirm that I am a member, trustee or director of a corporate trustee of the fund. I understand that I may be asked to provide further evidence of the funds compliance when my request to rollover is assessed.
- I approve the deduction of fees by LESF (if any) from my benefit (subject to legislative restrictions).
- I understand that in certain cases LESF may be required by law to deduct tax from the taxable component (if any) of the superannuation payment.
- I understand that LESF may request in writing additional information prior to releasing my benefit.

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 have left Australia and I am not an Australian citizen, New Zealand citizen or permanent resident of Australia;

I hold a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) 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 LESF 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)

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