

# Benefit payment form

Complete this form in BLACK ink with a ballpoint pen using BLOCK letters | Any request will be invalid if not signed and dated.  
Please mail this form to: Australian Food Super, Locked Bag 5390, Parramatta NSW 2124 | Member Hotline: 1800 808 614



## IMPORTANT INFORMATION, PLEASE READ THIS SECTION BEFORE YOU COMPLETE THIS FORM:

This form can be used to apply for a benefit in the following circumstances:

- Retirement,
- Unrestricted Non-Preserved Benefit,
- Compassionate Grounds,
- Small Benefit (less than \$200),
- Rollover to an APRA Regulated Superannuation Fund.

For other payment types the following applies:

**Departing Australia Superannuation Payment (DASP):** If you are not an Australian citizen, New Zealand citizen or permanent resident of Australia you need to complete an online application for a departing Australia superannuation payment (DASP) at [www.ato.gov.au/departaustralia](http://www.ato.gov.au/departaustralia).

**Severe Financial Hardship:** If you wish to apply for a benefit payment on the grounds of Severe Financial Hardship please contact the Member Hotline on 1800 808 614 to discuss your options, and if you satisfy the legislated requirements, we will send you the correct forms to make an application.

**Death Benefit:** If you wish to claim the Death Benefit of a deceased member please contact the Member Hotline on 1800 808 614 to notify us of your claim and if you are eligible the claim process will be explained and the appropriate claim forms will be sent to you to make an application.

**Total and Permanent Disablement Benefit (TPD):** If you wish to claim your TPD Benefit please contact the Member Hotline on 1800 808 614 to discuss your claim and if you are eligible the claim process will be explained and the appropriate claim forms will be sent to you to make an application.

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.

### SECTION 4: ROLLOVER INFORMATION

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

### SECTION 5: 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 6: 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 7: ACKNOWLEDGEMENT AND SIGNATURE

Please complete this section in full.

## 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 Australian Food Super

Date ceased employment (if applicable) (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.

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

- 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  No

Yes – my TFN is:

### SECTION 3: CLAIM TYPE

#### Before you Claim

Please ensure that you complete the following:

Do you intend claiming a tax deduction against non-concessional (after-tax) contributions made after 30 June 2017?\*  Yes  No

\* If you have ticked yes, we will send you an additional form to complete. 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.

#### A. Retirement Benefit

Are you aware that Australian Food Super offers an account based pension? If you would like some details on how to establish an Australian Food Super Pension, please contact us on 1800 808 614 to find out more.

How much do you wish to withdraw from Australian Food Super?

Total amount  
 Partial amount \$

Please tick one box that is applicable to you.

- I am age 65 or over (you may still be working).
- I am age between 60 and 65 and have permanently retired (this means you are working less than 10 hours per week in paid employment and have no intention of ever again being in paid employment for more than 10 hours per week).
- I am age between 60 and 65 and stopped employment on or after age 60 with an employer who has been making contributions on my behalf (any contributions made by another employer or future contributions from the same employer if you return to work will be preserved until you meet a new condition of release). If you finished this employment in the last four (4) months please provide evidence such as a separation certificate or letter from your employer. This will help us check we have received all contributions for you and assist in processing your payment.

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, call the Member Hotline or log into MemberAccess.
- If you are making a partial claim, and you wish to maintain your insured benefits, then you should ensure that a sufficient amount is left in your account to cover future premium deductions.

Total amount  
 Partial amount \$

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

#### C. Compassionate Grounds Benefit

To claim your benefit under Compassionate Grounds:

- Specific information can be found on the ATO website at [www.ATO.gov.au](http://www.ATO.gov.au) or by phoning them on 13 10 20. Applications must be made using the online form available via the myGov site using your personal myGov account.
- Once you have completed the myGov application, post this form and all accompanying documents to Australian Food Super. Australian Food Super will receive notification directly from the ATO, however, when you receive your notification from DHS, you must send the original to Australian Food Super.

I wish to claim my benefit under Compassionate Grounds

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

#### D. 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.

### SECTION 3: CLAIM TYPE - CONTINUED

#### E. Rollover Benefit

- You can rollover your account balance into a different superannuation fund, or into an Australian Food Super Pension. If you would like some details on how to establish an Australian Food Super Pension, please contact us on 1800 808 614 to find out more.
- If you are making a total claim, no further contributions are to be received by Australian Food Super. 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 \$6,000.00 in your account.

Total account balance

Account balance less \$6,000.00 which is to remain in my Australian Food Super account.

Partial account balance \$  ,  .  (at least \$6,000.00 must remain in your Australian Food Super account)

If you have completed this claim type, please proceed to section 4. (APRA Regulated Funds Only - for rollovers to a Self Managed Superannuation Fund please call the Member Hotline on 1800 808 614).

### SECTION 4: ROLLOVER INFORMATION

Other Fund Member/Policy Number

Other Fund's Australian Business Number (ABN)

SPIN Number (can be obtained from new fund)

Approved Eligible Service Address (ESA) (Rollover to SMSF only)

Name of Rollover Fund

If you have completed Rollover Information, to rollover to another APRA regulated fund, please Proceed to section 7.

### SECTION 5: 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.

## SECTION 6: 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.

### Provide Proof of Identity

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

Please complete tick (✓) ONE of the options below.

#### OPTION 1 – I WANT TO USE ELECTRONIC VERIFICATION

Selecting this option means you don't need to certify your ID with a JP, speeding up the processing time for you to receive your benefit.

By giving you my driver's licence and either Medicare, or Australian passport details below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification. I understand that my information will be subject to an information match request in relation to relevant official record holder information and a corresponding information match result will be provided via the use of third party systems.

Full name as appears on my driver's licence. Note that providing your driver's licence details is mandatory. Then you must also provide either your Medicare details OR your passport details.

Licence number

Card Number

State of issue

Expiry date

Complete one of the two sections below.

##### 1. Full name as appears on my Medicare card

My Medicare number is

Valid to

My reference number on this card is  
(the number that appears in front of your name)

NOTE: All Medicare number boxes must be filled in or this form of identification will be invalid. See your Medicare card for the complete number.

##### 2. Full name as appears on my passport

My passport number is

Passport Country of Issue is (Australia or New Zealand only)

#### Electronic verification of the TWO attached uncertified copies of the my documentation

Australian Driver's Licence

New Zealand Driver's Licence

Medicare Card

Australian Passport

New Zealand Passport

#### OPTION 2 – I WANT TO ATTACH PAPER COPIES OF CERTIFIED DOCUMENTS

I have attached certified copies of my proof of identity to this form.

Please ensure that you provide photocopies of your original identification documents and that they are correctly certified. Each page must be certified as a true copy. For instructions on who can certify documents, go to page 6



See page 6 for information about how to have your documents certified.

#### Electronic verification if the paper copies of my proof of identity documents are incorrectly certified or can't be read

I authorise the use of my personal details for the purpose of electronic data verification if the paper copies of my proof of identity documents are incorrectly certified or unable to be read. I understand that my information will be subject to an information match request in relation to relevant official record holder information and a corresponding information match result will be provided via the use of third party systems.

## SECTION 6: COMPLETING PROOF OF IDENTITY - CONTINUED

### 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 pharmacist
- 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?

Driver Licence  
New South Wales, Australia

SUSAN CITIZEN  
260 ELIZABETH ST  
SURRY HILLS NSW 2010  
Licence No.  
12345678  
Licence Class  
C  
Conditions  
S  
Date of Birth  
10 JUN 1982  
Susan Citizen

Card Number  
1 010 100 010

Licence Expires  
21 July 2015

THIS IS TO CERTIFY THAT THIS IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL

Name: A SMITH  
Qualification: JP  
Registration no: 111111  
Date: 01 January 2010  
Signature: A Smith

1. Suzie Citizen has provided a photocopy of her identification

2. The certifying authority has signed the original copy and confirmed that it is a true copy of the original identification.

3. The certifying authority has included their contact details: full name, qualification, 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).

Please turnover to complete and sign this form ➤

## SECTION 7: ACKNOWLEDGEMENT AND SIGNATURE

### Privacy

When your personal details are provided to Australian Food 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 [ausfoodsuper.com.au](http://ausfoodsuper.com.au)

### Authorisation and Declaration

- I understand that my account will close and any insurance will cease 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 Australian Food Super.
- I understand that if I have not supplied my Tax File Number Australian Food 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 Australian Food Super after 1 July 2007 may be subject to additional tax which cannot be recovered once my total benefit has been paid from Australian Food Super. For information regarding taxation please refer to our Product Disclosure Statement (PDS) available at [ausfoodsuper.com.au](http://ausfoodsuper.com.au).
- I understand that I cannot claim a deduction for any personal (non-concessional) contributions when my total benefit has been paid from Australian Food Super.
- Where I have requested a rollover, I authorise Australian Food Super to make arrangements with the fund nominated above to have my benefits rolled out of Australian Food Super and acknowledge that this notice is irrevocable.
- I approve the deduction of fees by Australian Food Super (if any) from my benefit (subject to legislative restrictions).
- I understand that in certain cases Australian Food Super may be required by law to deduct tax from the taxable component (if any) of the superannuation payment.
- I understand that Australian Food Super may request in writing additional information prior to releasing my benefit.
- I acknowledge that in the event that the financial institution account details provided in Section 5 are incorrect it may not be possible to recover the funds.

### 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 Australian Food 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)

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Member Hotline  
1800 808 614



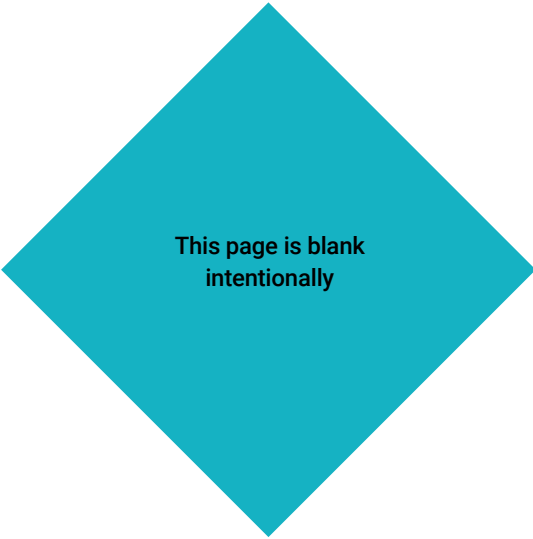
[service@ausfoodsuper.com.au](mailto:service@ausfoodsuper.com.au)



[ausfoodsuper.com.au](http://ausfoodsuper.com.au)



Locked Bag 5390  
Parramatta NSW 2124

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