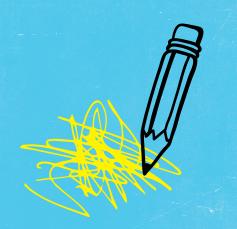
## ANZ AUSTRALIAN STAFF SUPERANNUATION SCHEME

# APPLY FOR A SUPER PAYOUT



#### STEP 1 - CHECK THAT YOU'RE ELIGIBLE

# You wish to receive part or all of your super payout in cash

A portion of your super benefit may be preserved. If the preserved amount is over \$200, legislation requires that it be retained in an approved rollover fund, unless one of the circumstances below applies to you.

- You have reached your preservation age\* and have permanently retired from the workforce.
- You are at least 60 years of age and have ceased employment since attaining age 60.

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.

\* Your preservation age is between 55 and 60 depending on your date of birth – refer to the table below:

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
1 July 1964 or after	60

#### You wish to rollover to another fund

You can apply to tranfer all or part of your super to another complying super fund.

#### Other circumstances

If you wish to apply for a super payout under other circumstances, you will need to complete the appropriate form. For assistance, please call ANZ Staff Super on 1800 000 086.

These may include: Financial hardship or compassionate grounds, transfer to a KiwiSaver Account in New Zealand or permanent disability or death.

# STEP 2 - CHECK WHAT FORM OF IDENTIFICATION YOU NEED TO PROVIDE

You will need to provide identification unless you have already provided appropriate proof of identity dated within the last 3 months.

5 months.		
Super payout requested		ID required
Rollover/transfer to another complying fund	<b>&gt;</b>	Your TFN or a photocopy of your ID as required for a cash payment (see below), however certification is not required
Cash payment or rollover/transfer to a self managed super fund	<b>&gt;</b>	Certified copy of a current driver's licence OR current passport, OR
	<b>&gt;</b>	One document from list one and one from list two below

List one	List two
Birth certificate or birth extract	Tax Office Notice of Assessment issued in the last 12 months
Citizenship certificate issued by the Commonwealth	Letter from the Department of Human Services (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment
Pension card issued by the Department of Human Services (Centrelink)	
Medicare card	
Foreign drivers' licence	

If you are unable to provide the above identification or need further details, you can refer to the *Completing Proof of Identity* fact sheet on the ANZ Staff Super website www.anzstaffsuper.com or call ANZ Staff Super on 1800 000 086.

The fact sheet contains specific information to meet the proof of identity requirements if you have changed your name, are signing on behalf of another person or if your identification is written in another language. The fact sheet also provides an extensive list of people who can certify documents.



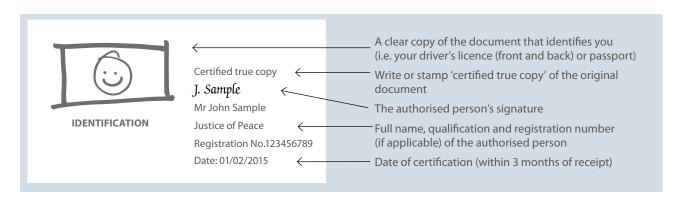
To certify your identification do the following:

- photocopy both sides of your current driver's licence or passport
- take the photocopy and the original to Australia Post\* or your local Police station\*\*.
- \* To be able to certify your documents, the Australia Post employee must be a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service in an office supplying postal services to the public. Australia Post will charge a small fee for each photocopy you need to get certified.
- \*\* A Police Officer, Sheriff or Sheriff's Officer can certify your ID.

You can also refer to the *Completing Proof of Identity* fact sheet on the ANZ Staff Super website **www.anzstaffsuper.com** for a list of other people who can certify your ID.

To certify your documents, the authorised person needs to:

- 1. compare the photocopy to the ORIGINAL
- **2.** include the following details on the copy:
  - write on the photocopy: "Certified true copy" and
  - write their name, qualification and registration number (if applicable) and
  - sign and date the photocopy



#### PROVIDING YOUR TAX FILE NUMBER (TFN)

There may be tax implications if you have not yet provided, or choose not to provide, your TFN. Whilst it is not compulsory to provide your TFN, not doing so could cost you in the following ways:

- you may have paid more tax than necessary on super contributions made for you by your employer (including SG, salary sacrifice and other contributions) in this financial year. This additional tax can be reversed if you provide your TFN to the Scheme before the end of the financial year, or your earlier payment from the Scheme. Although you may be able to claim back this additional tax if you later provide your TFN, time limits and other rules may apply, which may affect the size of any refund.
- you may pay additional tax on your super payout.
   However it might be possible to claim this back when lodging your tax return.
- you may miss out on any government Super Co-contributions for which you may be eligible; and
- you may have difficulty locating your super in the future, should you lose contact with your Scheme(s).

If you ask us to use your TFN as proof of identity, we will validate your TFN with the Australian Tax Office. If your TFN is not valid, you will need to provide proof of identify (see below) and your super payout will be delayed.

If you are uncertain as to whether or not you have provided your TFN, you can check these details on the ANZ Staff Super website **www.anzstaffsuper.com** or contact ANZ Staff Super on **1800 000 086**.

#### STEP 4 - COMPLETE THE FORM

Complete the form in black or blue pen, in uppercase and send to:

ANZ Staff Super GPO Box 4303 Melbourne VIC 3001

Important notice: In preparing this document the Trustee has not taken into account the investment objectives, financial situation and particular needs ("financial circumstances") of any person. Accordingly, before acting on the advice contained in this document, you should assess whether the advice is appropriate in light of your own financial circumstantces and consider contacting your financial adviser. This document and interests in the ANZ Australian Staff Superannuation Scheme ("Scheme") are issued by ANZ Staff Superannuation (Australia) Pty Limited. You should consider the relevant PDS before making a decision in relation to a financial product.





ANZ Australian Staff Superannuation Scheme

# Application for early release of superannuation benefits on grounds of permanent incapacity

- · If you have insurance covering disablement, do not use this form
- The Trustee reserves the right to request further information including medical reports at the cost of the member
- Please ensure that every question is answered. Incomplete forms will be returned and will result in a delay in processing your request for an early release of your preserved benefits
- · Your treating medical practitioner and another medical practitioner must complete the enclosed Certificate of Medical Attendant forms
- · Questions are to be answered by you or by a person acting on your behalf only if your treating doctor certifies that you are unable to sign.

#### If you need help

For assistance call ANZ Staff Super on 1800 000 086.

Step 1 – Complete your personal detail	Please print in or blue pen, in one character	uppercase, A
Title Mr Mrs Ms Miss Other Da Given names	te of birth / / /	
Surname		
Residential address (must be advised)		
Suburb	State	Postcode
Postal address (if different from above)		
Suburb	State	Postcode
Daytime telephone Mobile		
E-mail		
Membership number		

Issued by ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 as Trustee for the ANZ Australian Staff Superannuation Scheme ABN 83 810 127 567.



# Step 2 - Qualifications and training Secondary – to what age? TAFE University YES Have the qualifications been completed NO Other trade / course qualifications Please list the other training you have undertaken: Name of the organisation Name/type of the course When undertaken Name of the organisation Name/type of the course When undertaken Name of the organisation Name/type of the course When undertaken Name of the organisation Name/type of the course When undertaken



Step 3 – Reason to cease work
Please state the nature, circumstances and duration of the condition(s) that has caused you to cease work:
Step 4 – Details of registered medical practitioners
Surname  Daytime telephone number  Mobile
Period consulted From To
Given name of the medical practitioner
Surname
Daytime telephone number Mobile
Period consulted
From To
Given name of the medical practitioner
Surname



Continued

Step 4 – Details of registered medical practitioners (continued)			
Daytime telephone num	ber	Mobile	
Period consulted			
From		То	
Given name of the medic	cal practitioner		
Surname			
Surfame			
Daytime telephone num	ber	Mobile	
Period consulted			
From		To	
Stop 5 Drovi	do contifod	ave of of your identity	
Step 5 – Provi	de certified	proof of your identity	
•	•	r identity dated within the last three months. The easiest way to do this is as follows:	
		front and back) or passport Post* or your local Police station**	
ask them to certify	•	Tost of your local tollec station	
The person certifying your ID documents will need to include the following details on the copy(ies):			
Certif	ned true copy <	A clear copy of the document that identifies you (i.e. your driver's licence (front and back) or passport)  Write or stamp 'certified true copy' of the original document	
J. San	mple ————————————————————————————————————	The authorised person's signature	
IDENTIFICATION Justic Regis	tration No.123456789 01/02/2015	Full name, qualification and registration number (if applicable) of the authorised person  Date of certification (within 3 months of receipt)	
* To be able to certify your ID document(s) the Australia Post employee must be a permanent employee of the Australian Postal Corporation with			
· ·	2 or more years of continuous service in an office supplying postal services to the public. Australia Post will charge a small fee.  **A Police Officer, Sheriff or Sheriff's Officer can certify your ID.		

Alternatively, you can refer to the "Completing proof of identity" fact sheet on the ANZ Staff Super website at **www.anzstaffsuper.com** for a list of other people who can certify your ID document(s).



Step 6 – Sign the form		
I, (Please print name in uppercase)Address		
Declare that the information given in this form is true and correct in every detail. I authorise any person, hospital or doctor who has been or will be attending me, or any employer to provide ANZ Staff Super with any information that it may require in the consideration of this claim.  I understand and consent to my information being collected, disclosed and used in the manner set out in this form.		
Signature	Date	
×		
Signature of Witness	Date	
×		
Name of Witness		
Please return your completed form to: ANZ Staff Super GPO Box 4303 Melbourne VIC 3001		

## Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The Scheme Administrator, Mercer, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account in the Scheme and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential, but may be disclosed by the Trustee or Scheme Administrator to third parties, such as the Scheme's actuary, Insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' inquiries or complaints.

Members' personal information may be disclosed to related entities of the Scheme Administrator located overseas (in particular, its wholly owned Global Operations Shared Services function in India) as part of the day-to-day provision of administration services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super GPO Box 4303 Melbourne VIC 3001 Telephone: 1800 000 086 Facsimile: 03 9245 5827

Email: anzstaffsuper@superfacts.com

The Trustee's Privacy Policy Statement is available on the Scheme's website www.anzstaffsuper.com or from ANZ Staff Super by calling 1800 000 086. You can also access the Scheme Administrator's privacy policy on the Scheme's website.

