



Payment instruction form

Please complete and sign this form to provide your payment instructions. If you need assistance in completing this form, please contact us on **1300 55 7586**. You may also call the ATO Superannuation hotline on **13 10 20** for superannuation tax assistance.

Mail the completed form to: Plum Super, Reply Paid 63, Melbourne Vic 8060 or email to service@plum.com.au.

NOTE: If providing certified identification, this will need to be posted to us with this form.

STEP 1 Complete your personal details (please use BLOCK letters)

Member number

Surname (family name)

Given names

Title

Mr Mrs Miss Ms Other

Date of birth (DD/MM/YYYY)

Gender (please tick)

Male Female

Residential address

Postcode

State

Postal address (if different to above)

Postcode

State

Business phone

Home phone

Mobile

Email

STEP 1 Complete your personal details continued

Tax File Number details

Declining to quote your Tax File Number (TFN) is not an offence. However, if you do not notify, or tell us if you are exempt from providing it, tax at the highest marginal rate may apply on the withdrawal amount and any concessional contributions. Your TFN will also be passed to another superannuation provider if your benefits are being transferred (unless you inform us in writing not to pass on your TFN)

Please provide your TFN in the boxes:

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STEP 2 Cash lump sum payment instructions (leave this step blank for rollover requests)

The 'Unrestricted non-preserved' amount shown on your Benefit pre-payment statement can be paid to you in cash. The 'Preserved' and 'Restricted non-preserved' amounts cannot be paid in cash unless you meet a condition of release. If you choose to be paid a benefit in cash, you cannot later change your decision to instead transfer your benefit.

Full Withdrawal: Please close my account and pay my total benefit in accordance with my instructions

OR

Partial Withdrawal: Pay me a gross lump sum cash amount of:

*\$

* I understand this amount may be subject to tax and that I must leave at least \$5,000 in my account.

Tick one of the following three options (if applicable):

My account balance is less than \$200 and my total preserved benefit is less than \$200. I have ceased employment with the sponsoring employer of this fund.

I am age 65 or over

I wish to withdraw all, or part of, my 'unrestricted non-preserved' benefits.

STEP 3 Retirement declaration (leave this step blank for rollover requests)

Please tick ONE option only:

- I have reached preservation age and intend never again to become gainfully employed for 10 or more hours per week (Please refer to the Preservation Age table below for your preservation age).

Date of Birth	Preservation Ages
Before 1 July 1960	55
1 July 1960 - 30 June 1961	56
1 July 1961 - 30 June 1962	57
1 July 1962 - 30 June 1963	58
1 July 1963 - 30 June 1964	59
1 July 1964 or after	60

- I am aged 60 or over and ceased employment with my employer before turning 60 (You can make a withdrawal providing you have permanently retired and intend never again to become gainfully employed for 10 or more hours per week).
- I am aged 60 or over and ceased employment with my employer after turning 60 (You can make a withdrawal providing you have left employment, even if you plan to continue working elsewhere in the future).

Electronic funds transfer (EFT) payment details

Please complete the section below if you are making a cash lump sum withdrawal that will be deposited directly into your **Australian** bank account, building society or credit union.

Please deposit my benefit payment into the following account

Name of bank, building society or credit union

Address of bank/building society/credit union

Suburb

Postcode

State/territory

Account holder name

Branch number (BSB)

Account number

Instructions for completing your EFT details

If you are unsure of any of the details requested above, refer to your bank statement or contact your bank or financial institution.

STEP 4 Rollover payment instructions (leave this step blank for cash lump sum payment requests)

Rollovers to Self Managed Superannuation Funds (SMSF) and External Funds are made via EFT.

The Trustee may require further documentation should you request your benefit be transferred to an SMSF.

If you wish to rollover to more than one fund, you can use a photocopy of this form to provide to the trustee/s of the fund/s you are transferring benefits to.

Tick one of the following two options

Rollover my entire accumulation account

Rollover the following amount \$



When payments are made the payment information may vary from the amounts given on the Benefit pre-payment statement.

A partial rollover will be taken out of the taxable and tax-free components in proportion to those components at the time of the withdrawal. A partial rollover may also have implications for the amount you can claim as a tax deduction on personal super contributions.

Rollover from

Fund name

Membership number

Fund phone number

Australian Business Number (ABN)

Unique superannuation identifier (USI)

Rollover to

Fund name

Address of other superannuation fund or company

Suburb

Postcode

Country

Australian Business Number (ABN)

Unique superannuation identifier (USI) (mandatory for non-SMSF)

Electronic Service Address (ESA) - (mandatory for SMSF transfers only)

Your membership or account number

Phone number of other superannuation fund or company

Electronic funds transfer (EFT) payment details

Please complete the section below to request that your rollover be deposited directly into your external fund or self managed superannuation fund bank account, building society or credit union.

Name of bank, building society or credit union

Address of bank/building society/credit union

Suburb

Postcode

State/territory

Superannuation Bank Account Name

Branch number (BSB)

Account number

Instructions for completing your EFT details

If you are unsure of any of the details requested above, refer to your bank statement or contact your bank or financial institution.

Trustee
NULIS Nominees (Australia) Limited
ABN 80 008 515 633
AFSL 236465

Fund
MLC Super Fund
ABN 70 732 426 024

GPO Box 63
Melbourne VIC 3001

Telephone 1300 55 7586
Fax 1300 99 7586
Web plum.com.au

STEP 4 Rollover payment instructions continued

Important information about future contributions

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**. Please contact your employer for more information on how to direct future contributions into your new fund.

Things you need to consider when rolling over your superannuation

When you rollover your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to rollover your super. If you ask for information, your super provider must give it to you.

Some of the points you may consider are:

- **Fees:** Your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer.
- Differences in the fees that funds charge can have a significant effect on what you will have to retire on. For example a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits:** Your **FROM** fund may insure you against death, illness or accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

Drawdown of preservation components

If you elect a partial withdrawal the fund default strategy cashing order is:

1. unrestricted non-preserved benefits
2. restricted non-preserved benefits
3. preserved benefits

STEP 5 Provide identification

Please provide your driver's licence **or** passport details in the spaces below **and** provide a photo or photocopy of this identification containing your photograph.

Australian driver's licence number	Full name as it appears on your Australian driver's licence	Expiry Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Australian driver's licence card number*	*The card number is different to the licence number. If this is not on your driver's licence, please leave this space blank.
<input type="text"/>	

Australian passport number	Full name as it appears on your Australian passport	Expiry Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please remember to provide a photo or photocopy of your identification containing your photograph

If you don't hold any of these forms of identification or if you reside outside of Australia, instead of completing this section you will need to **post** certified copies of the relevant proof of identity documents as outlined in the proof of identity guide at plum.com.au

STEP 6 Checklist

To avoid delays, before sending this form, please check that you have provided:

- identification document information, or attached original certified proof of identity documents, if you are making a cash lump sum withdrawal and/or transferring your super to an SMSF (Refer to the Proof of identity form for more information)
- bank account detail sections have been completed for EFT payments.

Form continues on next page.

STEP 7 Important information

Before signing this payment instruction form, you should read the following important information.

Your benefits in the Fund

Before submitting this application, you should read the PDS for Plum Super and contact us if you have any questions. The PDS is available at plum.com.au.

If you withdraw or transfer your whole account balance, this will close your account.

Residency

If you are making a cash withdrawal, you must be a citizen or permanent resident of Australia or a citizen of New Zealand or a current temporary resident and hold a subclass 405 (investor retirement) or 410 (retirement) visa.

Rollover of your benefits

Before making a transfer, you can ask us for information that you reasonably require for the purpose of understanding any benefit entitlements that you may have, including:

- information about any fees or charges that may apply to the proposed benefit transfer, and
- information about the effect of the proposed benefit transfer on any benefit entitlements you may have.

You should only submit this form if you have obtained any information you reasonably require from the Trustee, or you do not require such information.

By signing and submitting this form, you request the rollover or transfer of your benefit as set out in this form and authorise the Trustee to give effect to this transfer (including by sharing any information about your benefit in the Fund necessary to effect this transfer).

If signed under Power of Attorney:

- a signed Statement of Non-Revocation must be attached, and
- by signing this form the Attorney certifies that they have not received notice of any limitation or revocation of Power of Attorney and is therefore authorised to sign this form.

I request and consent to the rollover or withdrawal of my superannuation as described above and authorise the Trustee to give effect to this rollover or withdrawal.

Your full name (Print in BLOCK LETTERS)

Signature

X	Date (DD/MM/YYYY)							

Privacy

By signing and submitting this form you acknowledge that any personal information you provide will be handled in accordance with the Trustee's privacy policy, which outlines how the Trustee will manage your personal information, how you may access or correct your personal information, and how you may complain about a breach of your privacy. You may obtain a copy of the Trustee's privacy policy by visiting plum.com.au/privacy or calling **1300 55 7586**.

The Trustee may verify your identity by disclosing your name, residential address and date of birth to a credit reporting agency and by confirming the authenticity of your Government issued identification with relevant Government departments or approved service provider.

If the Trustee is unable to authenticate your identity with the details provided, you may need to provide further documentation.

Information you provide

We will rely on the information you give us. By signing and submitting this application form, you represent that the information you have provided is true and correct. If there are any changes to this information in future, you should advise the Trustee as soon as possible.