

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

103430195

Surname (family name)

POTTER

Given names

RODNEY MICHAEL

Title

Mr Mrs Miss Ms Other

Date of birth (DD/MM/YYYY)

2 5 0 7 1 9 7 4

Gender (please tick)

Male Female

Residential address

13/20 CANAL AVENUE

RUNAWAY BAY

Postcode

4216

State

QLD

Postal address (if different to above)

Postcode

State

Business phone

0414775921

Home phone

0414775921

Mobile

0414775921

Email

RPOTTER@IINET.NET.AU

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:

2	1	3	6	2	7	3	1	7
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STEP 2 Cash lump sum payment instructions

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.

Pay me a gross lump sum cash amount of:

* I understand this amount may be subject to tax

- complete the Bank Account Details section below if requesting a *cash lump sum* payment via EFT; and
- complete the Provide identification section of this form, or attach a *valid original* certified identification document with your instructions
(For example an ORIGINAL CERTIFIED COPY of your driver's licence or passport)

Tick one of the following three options:

- 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

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

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

MLC SUPER FUND

Membership number

103430195

Fund phone number

1300 55 7586

Australian Business Number (ABN)

70732426024

Unique superannuation identifier (USI)

70732426024150

Rollover to

Fund name

POTTER SUPER FUND

Address of other superannuation fund or company

93 PENNEFATHER STREET

Suburb

HIGGINS

Postcode

2615

Country

AUSTRALIA

Australian Business Number (ABN)

62160716345

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

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

BGLSF360

Your membership or account number

Phone number of other superannuation fund or company

0414775921

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

MACQUARIE

Address of bank/building society/credit union

1 SHELLEY STREET

Suburb

SYDNEY

Postcode

2000

State/territory

NSW

Superannuation Bank Account Name

PMR TRADE PTY LTD ATF POTTER SUPER

Branch number (BSB)

182512

Account number

970498234

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

1017584

Full name as it appears on your Australian driver's licence

RODNEY POTTER

Expiry Date (DD/MM/YY)

2 5 0 7 2 9

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.

Australian passport number

Full name as it appears on your Australian passport

Expiry Date (DD/MM/YY)

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

If you don't hold any of these identification, you will need to attach certified copies of relevant proof of identity documents as outlined on the proof of identity guide on 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.

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 7 Your declaration and signature

By signing this request form I am making the following statements:

- If I am making a cash withdrawal, I am 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;
- I declare I have fully read this form and the information completed is true and correct;
- I am aware I may ask the Trustee for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information;
- If I am transferring to a SMSF, I confirm that I am a member, a trustee or director of a corporate trustee of the SMSF;
- I discharge the Trustee of all further liability in respect of the benefits paid and transferred to the nominated fund in accordance with these instructions; and
- If I am transferring my benefit to another Fund, I consent to my Tax File Number being disclosed for the purposes of consolidating my accounts.
- I acknowledge that I have access to the Insignia Financial Group's Privacy Policy and agree that any member of the Insignia Financial Group may collect, use, disclose and handle my personal information in a manner set out in the Insignia Financial Group's Privacy Policy available at plum.com.au
- I give my consent for the Trustee to verify my identity by disclosing my name, residential address and date of birth to a credit reporting agency and by confirming the authenticity of my Government issued identification with relevant Government departments or approved service provider.
- By signing this form I acknowledge that I have read the current Product Disclosure Statement, which is available at plum.com.au or by contacting us on **1300 55 7586**
- If I withdraw or transfer my whole account balance, this will close my account.
- If the Trustee is unable to authenticate my identity with the details provided, I may need to provide further documentation.

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)

RODNEY MICHAEL POTTER

Signature

X 

Date (DD/MM/YYYY)

15/08/2022