

Withdraw from your defined benefit

1800 005 166
info@spiritsuper.com.au
GPO Box 1547, Hobart TAS 7001

For defined benefits members only

Use this form to make a withdrawal, convert to a Spirit Super accumulation account, or transfer to another super fund.

Important information

- Your insurance will cease if your account is closed due to a full withdrawal or your total account balance is transferred to another super fund.
- You should seek personal advice before completing this form to make sure this decision is right for you. You should also confirm if this payment will have tax or social security implications.

Our forms and fact sheets are available at spiritsuper.com.au.

Section 1 Your details

Member number

600131012

Account number

Date of birth (DD MM YYYY)

18 05 1970

Last name

STEFANATOS

First name

JOHN

Middle name/s

Residential address

UNIT 3 33 MERON ST

Suburb/Town/City

SOUTHPORT

State

QLD

Postcode

4215

Preferred phone

0405356355

Email

JOHNNYSTEF@HOTMAIL.COM

Employer

Do we have your tax file number (TFN)?



Yes



No, but here it is:

147

731

157

You don't have to provide your TFN, but you may pay extra tax or miss out on government incentives and you can't make personal contributions. Refer to our *How super is taxed* fact sheet.



Section 2
Your situation

Let us know if the following applies to you:

- I've been retrenched or made redundant.
This may impact your final benefit. We'll confirm this with your employer.

I'm eligible to access my super because: Select one only.

- I've reached my preservation age (see table below) and have permanently retired. I don't intend to work again for 10 or more hours a week.
Date of your retirement (DD MM YYYY)

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- I ended an employment arrangement since turning 60.
Date your employment arrangement ended (DD MM YYYY)

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- I'm unable to work due to illness or injury, or I'm terminally ill.
Date you stopped work due to illness or injury (DD MM YYYY)

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You need to provide written opinions from two medical practitioners to support your application. For more information, refer to our *Early access to your super* fact sheet.

- I'm applying under compassionate grounds.
You need to apply to the Australian Taxation Office first. For more information, refer to our *Early access to your super* fact sheet.

- None of the above.
If you're under 65 years of age you may not be eligible to withdraw your super.

Date of birth	Preservation age
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
After 30 June 1964	60

Section 3
Reason for requesting a payment

I want to:

- Make a withdrawal - you need to complete sections 4, 7 and 8.
- Transfer to a Spirit Super accumulation account - you need to complete sections 5 and 8.
- Transfer to another super fund - you need to complete sections 6, 7 and 8.
- Transfer to a Spirit Super pension account - You need to complete a *Join Spirit Super pension* form. Contact us for more information. Go to section 8.

Section 4
Make a withdrawal

I want to withdraw:

my full account balance.

This will close your account and any insurance cover will end. The final amount paid may vary due to investment earnings, tax and fees.

OR

an amount of \$

If you're closing your defined benefit account, please also provide investment instructions for your remaining balance in section 5.

I want to receive the amount shown above **after** tax has been paid. Tax may be payable if you're under 60.

How would you like the payment made? If you don't tell us, we'll send you a cheque.

Cheque OR pay to my bank account. Provide details below.

Account name – the account must be held solely or jointly in your name. Payments can't be made to business accounts or third parties.

STEFANATOS SUPER

BSB number

Account number

262 786 123168312

Section 5
Transfer to a Spirit Super accumulation account

I want to transfer the following amount to my Spirit Super account number:

If you don't have a Spirit Super account, we'll set one up for you. Refer to our *Member guide* for more information.

my full account balance.

This will close your account and any insurance cover will end. The final amount paid may vary due to investment earnings, tax and fees.

OR

an amount of \$

Invest my defined benefit savings as follows:

You can choose to invest in one or a combination of different investment options. If you don't make a choice, you'll be invested in the Balanced (MySuper) investment option. You can change your investments, including your investment option/s for future transactions, in **Member Online**, by calling **1800 005 166** or by completing the *Change your investments* form.

Investment option	Investment %
Growth	%
Sustainable	%
Balanced (MySuper)	%
Moderate	%
Conservative	%
Australian shares	%
International shares	%
Diversified fixed interest	%
Cash	%
Total	100%

Section 6
Transfer to another super fund

I want to transfer:

my full account balance.

This will close your account and any insurance cover will end. The final amount paid may vary due to investment earnings, tax and fees.

OR

an amount of \$

If you're closing your defined benefit account, please also provide investment instructions for your remaining balance in section 5.

New super fund details

Fund name

THE TRUSTEE FOR THE STEFANATOS

Phone

Member number

SUPERANNUATION FUND

USI

ABN

40 207 757 617

If you're transferring to a self-managed super fund, we'll send a cheque to your fund's registered address.

Section 7
Provide proof of identity

Complete this section if you're:

- making a withdrawal
- transferring to a self-managed super fund
- transferring to another super fund and you haven't provided your TFN in section 1.

Please verify your identity by choosing option 1 or 2.

Option 1 – I want to use electronic verification

I authorise Spirit Super to use my details held for the purpose of confirming my identity. I understand that my details will be checked with the relevant official record holder through the use of third party systems.

IMPORTANT: Make sure that the details you provide below exactly match your documents. If the details vary, we won't be able to verify your identity electronically.

Provide details of any TWO of the following:

1. Australian driver's licence

Full name as appears on my driver's licence

JOHN STEFANATOS

My Australian driver's licence number

078668540

State of issue

QLD

Expiry date (DD MM YYYY)

20 10 2025

2. Medicare card

Full name as appears on my Medicare card

JOHN STEFANATOS

My Medicare number

3284 27004 9

Valid to (MM YYYY)

05 2026

Colour of card

Green Yellow Blue

Your reference number on this card is 1

3. Australian passport

Full name as appears on my passport

JOHN STEFANATOS

My Australian passport number

PA9846041

Section 7
Provide proof
of identity
(continued)

Option 2 – I want to use paper-based verification

I've provided certified proof of identity with this form. See the *Guide to providing proof of ID* fact sheet for more information.

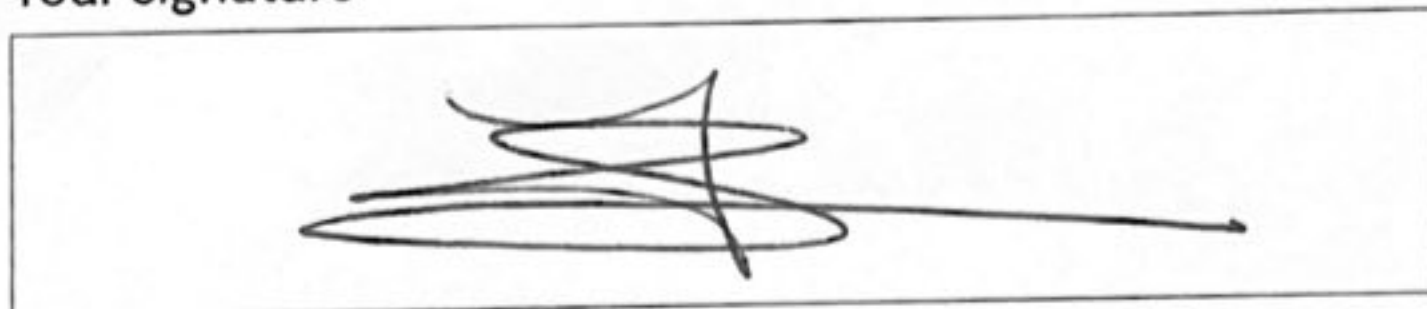
I authorise Spirit Super to use my personal details for the purpose of confirming my identity if the paper copies of my certified identification documents are incorrectly certified, scanned or unable to be read. I understand that my details will be checked with the relevant official record holder through the use of third party systems.

Section 8
Member
declaration

By signing this form I'm making the following statements:

- I declare I've fully read this form and the information is true and correct.
- I understand that Spirit Super may contact my employer to verify answers I've given.
- I understand that I may lose benefits such as insurance if my account is closed. I've considered this and don't require any further information.
- I discharge the Spirit Super trustee from any further liability in respect of my benefits paid and transferred from Spirit Super.
- I consent to the use of my personal information as outlined in Spirit Super's *Privacy policy* available at spiritsuper.com.au/privacy-policy or by calling us on 1800 005 166.
- I request and consent to the payment of my benefits as described above, and authorise Spirit Super to determine the tax treatment of my benefit.

Your signature



Date (DD MM YYYY)

01 07 2021



Return the completed, signed and dated form to info@spiritsuper.com.au or Spirit Super, GPO Box 1547, Hobart TAS 7001.

