North®

Withdrawal or rollover request

Use this form to request a full or partial withdrawal or transfer of funds from your North Online Account. Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

1. Client details	
	3. Telegraphic Transfer request
Name John Svi 805 Client number Po 1166987 S Account number Tax File Number (TFN) V 13740469 16626609	Do you require your withdrawal to be completed via a Telegraphic Transfer (TT) No Yes—a charge of \$9 will be made from your North account for this service. The time taken for the transfer of funds to be completed depends on bank transfer times. 4. Transfer of funds
Residential address	
424 Carrington St Suburb State Postcode Adelaide SA 5000	This is a request to transfer all or part of my existing account to my new North Online account without the requirement to sell and repurchase assets. I understand that this is only available when retaining the same assets as in the existing account. Transfer from
Home phone Work phone	
	Transfer to
Date of birth O412 830 320 1508 1945 Email address 2. Type of withdrawal Proof of identification must be provided with this form if you select cash withdrawal, have not provided your TFN or you are transferring to a Self Managed Super Fund (SMSF).	I will be transferring a Protected Retirement Guarantee from my super account (applicable to North product only) No Yes (please provide further details below) Pension Payment Type — Option Please make the following changes to my payment option: Payment type — Percentage of income base Pension amount: Maximum guaranteed income threshold OR
☐ Cash withdrawal 🔀 Rollover	Enter amount (0.01 – maximum) ² % pa
Amount of withdrawal (if full withdrawal ¹ , write 'balance')	5. Insurance
\$ Balance ** Gross Net	If you have group insurance attached to your policy and have requested a full withdrawal, you may be eligible for a group insurance continuation option. Please indicate if you wish to apply for a continuation option. No Yes
	Continuation options are subject to eligibility criteria and terms and conditions. For further details, please contact your adviser

1 Note: For a full withdrawal a Notice of intent to claim may be required.

2 Maximum can range from 4.00%–5.00% pa. Refer to your PDS for further information.

Issue date: 4 June 2018

11. Proof of identity

If you're taking a cash benefit or are transferring to an SMSF, please provide the following identification documents to allow us to verify your identity:

a copy of your current drivers licence

OR

a copy of your passport

There are alternative documents which can be used for identification purposes. If you're unable to provide copies of the above documents please contact us for further information.

12. Authorisation and signature

Important: The law has changed to expand the administrative penalty provisions to include penalties for making false or misleading statements that do not result in a shortfall amount.

This may include making false or misleading statements to an entity other than the Australian Taxation Office if the statement is required or allowed to be made under tax law (eg a notice of intent to claim a tax deduction for personal contributions made to a superannuation fund).

- I declare I have fully read this form and the information I completed is true and correct.
- I do not require any additional information on my benefit entitlement, and applicable fees and charges on the rollover or withdrawal of my benefit (if applicable).
- If I've notified my intention to claim a tax deduction on personal contributions (in the personal contribution tax deduction section of this form), I confirm that I've read and agree to the declaration in that section.
- I consent to the use and disclosure of my tax file number for the purpose of processing this rollover. I acknowledge that if I have selected the ongoing withdrawal instruction option, the Trustee will continue to request the maximum amount under every withdrawal offer for the Fund as and when they are announced unless I instruct or the Trustee notifies me otherwise. Where my unit holding has reached a minimum threshold, I acknowledge that the Trustee will sell the remaining balance where possible.

 Where applicable, I am aware of the current value of my Guarantee (details via North Online).

Member's signature

X

Date

24012019

Where to send this form

Send us this completed form through one of these ways:

upload Login to North Online and

select upload forms

any questions? 1800 667 841

email

north@amp.com.au 1800 071 329

fax mail

North Service Centre

GPO Box 2915

MELBOURNE VIC 3001

S. Condition C. I.		
6. Condition of release (if applicable)		
I've met the following condition of release as specified in the product disclosure statement (PDS) :		
Retirement—I've reached preservation age and have permanently retired (working less than 10 hours per week). Retirement—I'm aged 60 or over and have ceased		
employment. I'm age 65 or over.		
productions are a sequence as a solution of the advantage		
Refer to the information sheet for details on co of release and preservation ages.	onditions	
7. UK Pension fund information		
a. Do you have any money in the fund that originated No—go to section 8 ☐ Yes	in the UK?	
 b. Are you currently, or were you at any stage during previous five UK tax years¹, a resident of the UK? No 	this or the	
Some withdrawals transacted within 5–6 years of becoming an Australian resident may incur UK tax penalties. Speak to your adviser for further information.		
8. Sell instructions ²		
Sell investments using my current investment inst	ructions	
Sell using my instructions below:	ractions.	
Fund name	(%)	
	1	
Sell proportionately	100	

9. Personal contribution tax deduction

0

This section represents a notice under section 290-170 (1) of the *Income Tax Assessment Act 1997.*

Do you intend to claim a tax deduction for personal contributions made in the current or previous financial year?

No—go to section 10.

Yes—please read the following declaration and complete the table in this section:

Note: The amount you're able to advise as a claim for a tax deduction may be affected if you've previously made a partial withdrawal on this plan.

1 UK tax years commence 6 April.

2 Investment options will be sold proportionately if you've selected a Guarantee.

9. Personal contribution tax deduction continued

Intention to claim a tax deduction

I'm lodging this notice before both of the following dates:

- The day I lodged my income tax return for the year(s) stated in the table below, and
- The end of the income year after the year(s) stated in the table below.

Contribution	Total personal contributions	Amount you wish to claim
Current financial year	\$	\$
Previous financial year	\$	\$
Fund name		

At the time of completing this notice:

- I intend to claim the personal contributions stated in the table above as a tax deduction.
- I'm a member of the superannuation fund(s) stated in this form.
- The superannuation fund(s) currently holds these contributions and has not begun to pay a superannuation income stream based in whole or parts of these contributions.
- I haven't included these contributions in an earlier valid notice.
- The contributions I'm claiming a tax deduction for are not a re-contributed amount previously released under the First Home Super Saver Scheme (FHSSS).

10. Payment options

Rollover funds to external fund

Fund name

Svigas Family Super Fund

Australian Business Number (ABN)

72455665594

Unique Superannuation Identifier (USI)

Fund member or policy number

Dr. John Svigos

OR

Payment to nominated bank account

Account name

Svigos Fund

Name of Bank/financial institution

Bank of South Australia

Bank/financial institution branch name

BSB number

Account number

105148

030 292 040



Any new banking details will be added to your client profile. **Note:** A maximum of four bank accounts can be stored.

I certify this is a true copy of Original Driwip Licence

001264589 ASIC Authorized Keperesenhative YousseF HADDAD

AFSL 491285 Bear Gundlers

Bean Gundlers 6a/938 South Road Edwardtow SA 5039 08 81939655 0412 186 446

A 24-01.2019

