

# Rollover Benefits Statement

## Section A - Receiving fund

1 Australian business number (ABN)

57436302321

2 Fund name

S & C Harrison Family Super Fund

3 Postal Address

7 Sawyer Court

Suburb/Town/Locality

Cannon Hill

State/territory

QLD

Postcode

4170

Country if outside Australia

4 a) Unique superannuation identifier (USI)

b) Member client identification

## Section B - Member's details

5 Tax File Number (TFN)

380543761

6 Full Name

Title:

Mr

Family Name

Harrison

Given Names

Shaw Damien

7 Residential address

7 Sawyer Court

Suburb/Town/Locality

Cannon Hill

State/territory

QLD

Postcode

4170

Country if outside Australia

8 Date of Birth

01-Apr-1978

9 Sex

Male

10 Daytime Phone Number

11 Email Address

sharrison@savills.com.au

## Section C - Rollover transaction details

<b>12 Service Period Start Date</b>	<input type="text" value="05-Mar-1996"/>
<b>13 Tax Components</b>	
Tax-free component	<input type="text" value="\$ 158.52"/>
KiwiSaver tax-free component	<input type="text" value="\$ 0.00"/>
Taxable component	
Element taxed in fund	<input type="text" value="\$ 99,841.48"/>
Element untaxed in fund	<input type="text" value="\$ 0.00"/>
<b>Tax components TOTAL</b>	<input type="text" value="\$ 100,000.00"/>
<b>14 Preservation Amounts</b>	
Preserved amount	<input type="text" value="\$ 100,000.00"/>
KiwiSaver preserved amount	<input type="text" value="\$ 0.00"/>
Restricted Non-Preserved Amount	<input type="text" value="\$ 0.00"/>
Unrestricted Non-Preserved Amount	<input type="text" value="\$ 0.00"/>
<b>Preservation amounts TOTAL</b>	<input type="text" value="\$ 100,000.00"/>

## Section D - Non-complying funds

**15 Contributions made to a non-complying fund on or after 10 May 2006**

## Section E - Transferring fund

**16 Fund's ABN**

**17 Fund's Name**

**18 Contact Name**

Family Name

Given Names

**19 Email Address**

**20 Daytime phone number** (include area code)

## Section F - Declaration

### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

*I declare that the information contained in the statement is true and correct.*

**Name** (BLOCK LETTERS)

**Trustee, director or authorised officer signature**

**Date**

# Benefit Payment Request

For Rollover or Cash Withdrawals



In addition to Sections 1, 2, 5 & 6, please ensure that you complete Section 3 or 4.

## Section 1: YOUR DETAILS

Member Number: 386647 Surname: Harrison  
Given Name(s): Shaw Salutation: Mr  
Postal Address: 7 Sawyer Court  
Suburb: Cannon Hill State: QLD Postcode: 4170  
Date of Birth: 01/04/1978  
Phone: Mobile: 0488 999 889

If an employer contributed to this account, advise the date you ceased employment with that employer:

## Section 2: WITHDRAWAL REQUEST

I would like to withdraw my entire benefit (complete Section 3 or 4)

I would like to withdraw a partial amount of my benefit (complete Section 3 or 4) Specified amount: \$ 100,000

## Section 3: TRANSFER TO ANOTHER SUPERANNUATION FUND

### Rollover Fund Details

Fund Name: S & C Harrison Family Super Fund  
Fund Address: 7 Sawyer Court, Cannon Hill QLD 4170  
ABN: 57 436 302 321 Policy/Member Number:  
Unique Superannuation Identifier:  
If the Rollover Fund is a Self Managed Super Fund ("SMSF") please also provide the following information of your SMSF:  
SMSF Tax File Number: SMSF ABN: 57 436 302 321  
BSB Number: 262786 Account Number: 120416672  
Account Name: S & C Harrison Family Super Fund Bank/Branch: BT Cash Management

(transfers to a SMSF will not be processed without a valid ABN and TFN)

## Section 4: CASH WITHDRAWAL

I have reached my preservation age and am permanently retired  I have ended an employment arrangement on or after age 60  
 I am aged 65 or over  I am permanently disabled

Please provide your banking details if you would like your cash payment deposited directly into your account, otherwise we will post a cheque to you.

**Please note that the account must be held in your name or jointly in your name.**

**If this is the first payment we are making to this bank account please also submit with your form a bank document that displays the name of the account holder, BSB and account number. This document must be on bank letterhead or a statement.**

BSB Number: Account Number:  
Account Name: Bank/Branch:

AMG Super

ABN 300 993 205 83  
PO Box 3528, Tingalpa DC Qld 4173  
Phone: 1300 264 264 | Fax: 07 3899 7299 | Email: info@amgsuper.com.au

Issued by the trustee:  
**Equity Trustees Superannuation Limited**  
ABN 50 055 641 757  
AFS Licence No 229757  
RSE Licence No L0001458

## Section 5: IDENTITY VERIFICATION

To make a first time payment from your account we must verify your identity: you can supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification.

If you supply us with a scanned copy of your identification we also need to electronically verify your identity. If you do not want us to identify you electronically please supply us with original certified copies of your identification via post. If you have any questions around this process please contact us on 1300 264 264.

When you opt for electronic verification, the details of the documents you provide to us will be submitted to the Australian government's Document Verification Service (DVS). The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy is available from their website: <http://www.dvs.gov.au>

**If you would like to proceed with electronic verification please tick each of the consent boxes below:**

- You consent to us electronically verifying your identity; AND
- you are authorised to provide the identification documents to us; AND
- you understand that the details of the identification documents will be checked against the Australian government's document verification service.

**Please note that we are unable to make any payment until your identity has been verified either by this method, or by receiving a certified original copy of your identification by post.**

## Section 6: DECLARATION

- I declare that I am an Australian citizen, a New Zealand citizen or a permanent resident of Australia or I hold a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) visa. If you do not meet these residency requirements, please contact us on 1300 264 264
- I declare that all the information I have provided on this form is true and correct.
- I have attached certified proof of my identity, which shows my correct date of birth and name change(s) if required.
- I am withdrawing my super from AMG Super and understand that:
  - Any insurance cover that may apply will cease once my AMG Super account is closed
  - I have the right to ask AMG Super for information on how withdrawing my super will affect my entitlements and have done so or have chosen not to exercise this right

Signature:



Date: 31/08/2021

## Section 7: IMPORTANT NOTES REGARDING PROOF OF IDENTITY

Where you are requesting a rollover or cash withdrawal, in accordance with Anti Money Laundering and Counter Terrorism Financing Act 2006 and for the security of your account, you **must** supply Proof of Identity documents **before** any payment can be made. The only acceptable Proof of Identity documents are one of the below options:

### Option 1

A scanned colour copy or photograph of a current primary photographic identification document such as a passport or driver's licence;

### AND

your consent in Section 5 for the Fund to proceed with an electronic verification of your identity

### Option 2

An original or certified\* copy of a current primary photographic identification document such as a passport or driver's license

### Option 3

An original or certified\* copy of a current non photographic identification document such as birth certificate, citizenship certificate or Centrelink pension or health card

### AND

An original or certified\* copy of a secondary identification document such as an assessment issued by the ATO to the person within the preceding 12 months that contains the name of the person and his or her residential address or a rates notice issued to the person within the preceding three months that contains the name of the person and his or her residential address or a Centrelink letter addressed to the person within the preceding 12 months regarding a government assistance payment.

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified\* as true copies by writing in English "certified true copy" (a stamp may be used instead) followed by their signature, printed name, qualification (e.g. Justice of the Peace, Australia Post employee etc) and date. Contact details must be supplied where the certification is not provided by a Justice of the Peace.

Where the document being provided is a certified\* copy, the copy **must** have **original** certification on it - it cannot be a photocopy of a document that was previously certified\*. Faxed or emailed copies of certified\* documents do not comply with our identification requirements and are not acceptable.

Please note that we do not have any discretion over these requirements - Proof of Identification is required under Federal Government legislation and cannot be waived or amended in any way.

## IMPORTANT INFORMATION

### 1. ROLLING OVER

If you want to rollover some or all of your account to another superannuation fund, please complete the Rollover Fund Details section of the Benefit Payment Form-Rolling Over or Transferring to Another Fund.

When we receive your completed form, we will process your benefit and send a cheque to your new fund. We will also send you confirmation that the payment has been made.

### 2. CASHING IN YOUR SUPER

Generally, unless you have reached your preservation age and have retired, you can only cash in your super if your account balance is under \$200.

However, any amounts classed as unrestricted non-preserved can be cashed in regardless of the size of your account. Your Pre Payment Statement will tell you if any money is unrestricted non-preserved.

Cash payments may be subject to tax. If you are eligible to cash in some or all of your super, it is important that you provide your Tax File Number. Without your Tax File Number we may have to deduct tax at the highest marginal rate.

Different rules apply to non-residents.

### 3. WHY WE WANT TO KNOW YOUR TAX FILE NUMBER

Any cash benefit will only be taxed at the concessional rates noted above if you provide your Tax File Number to your superannuation fund.

It is not compulsory to quote your Tax File Number but if you choose not to, your benefit, as well as the contributions received by this Fund, may be subject to additional tax.

If you provide your Tax File Number to your Fund, you are also authorising your Fund to provide your Tax File Number to the Australian Taxation Office and to any institution you have instructed us to roll over your account to. Your Fund is required to keep your Tax File Number private and secure and may not disclose your Tax File Number to unauthorised persons.

### 4. TAXATION

Benefits paid to you from your superannuation fund may be subject to taxation.

The tax treatment will depend upon whether or not you have provided your Tax File Number, and it will also depend on the composition of your payment.

The laws relating to the taxation of benefits are complex. We recommend that you seek professional advice about your options well before you actually receive your benefit.

### 5. YOUR INSURANCE COVER

Your insurance cover, if any, will cease when you leave the Fund.

**Please return this completed form via email to [info@amgsuper.com.au](mailto:info@amgsuper.com.au), or post to AMG Super PO Box 3528, Tingalpa DC Qld 4173**

Phone: 1300 264 264 Fax: (07) 3899 7299 Website: [www.amgsuper.com.au](http://www.amgsuper.com.au)

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of AMG Super's Privacy Statement, please let us know. We have published our Privacy Statement on our website at [www.amgsuper.com.au](http://www.amgsuper.com.au)