

# Benefit Payment Advice Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

## 1. Your Accountants Super Membership Details

Your Accountants Super Member Number (if known)

Surname

Title

Date of birth

Given Name

Previous Surname (if different)

Street / Unit Number

Street Name

Suburb / Town

State

Postcode

Phone (Business Hours)

Phone (After Hours)

Mobile\*

Fax

E-mail address\* (Please **do not** leave any spaces empty, continue word on next line if necessary)

\*Providing your mobile number/email address means you are willing to receive important information about your Accountants Super account and other benefits and services by SMS or email.

## 2. Important Information for you

Please read this important information regarding your exit from your employer before completing this form.

### 1. Your benefit

If you have ceased employment with your registered employer, and your benefit is \$1500 or more, you are able to retain your account in Accountants Super. If you wish to retain your account, you are also able to maintain your insured benefits (see 2 below) providing your account balance is sufficient to meet premium payments.

### 2. Your insured benefit

If you are retaining your account, your insured death and total and permanent disablement (D/TPD) benefits are maintained in Accountants Super until you notify us that you no longer wish to retain these benefits. If your account is being paid in full from Accountants Super (either in cash or as a rollover) your insured D/TPD benefits cease on the date you instruct your account to be paid out. If you are retaining your account in Accountants Super and wish to cease your D/TPD benefits please tick the appropriate box in the "Insurance Options" section on the other side of this form. Your Salarysafe benefits (if any) generally cease on the earlier of the date you terminate employment with your registered employer or the date your benefit is paid from Accountants Super. In certain circumstances you are able to maintain your Salarysafe benefits if you are retaining your account in Accountants Super. For further information contact our Customer Service Centre on 1300 651 331.

### 3. Continuation of Insurance

If your account is being paid from Accountants Super (either in cash or as a rollover) you may be eligible to continue insured benefits utilising Accountants Super's "continuation option". Eligibility conditions include applying within 60 days of the insurance ceasing in Accountants Super and being under the age of 60. If you would like further information on the continuation option, including the general terms and conditions, please tick the appropriate box in the "Insurance Options" section on the other side of this form.

### 4. Cashing of Benefits

You cannot receive any part of a preserved benefit in cash unless you:

- have reached age 65;
- have ceased employment after age 60;
- have permanently retired from the workforce after reaching age 55 (this age increases for members born after 30 June 1960);
- are totally and permanently disabled as approved by the Trustee; or
- have satisfied the criteria prescribed by the government for receiving benefits on the grounds of financial hardship or compassionate release.

**If you are aged 55 or over and are retiring please complete the following declaration:**

My retirement date is

- On my retirement date I will be aged 55 to 60. I will be retiring from the workforce and do not intend to be employed in the future for more than 10 hours a week.
- On my retirement date I will be aged 60 to 65. I will be retiring from the workforce.
- On my retirement date I will be 65 years of age or older.

Signed

The Trustee needs proof of your age to enable payment of your benefit in cash if you are aged 55 or over. Please attach a certified photocopy of your driver's licence, passport or other official documentation showing your date of birth. The photocopy must be certified by a Justice of the Peace or a Solicitor.

### 5. Payment of Partial Cash Benefits from Accountants Super

Where you have chosen to have a benefit paid partly as cash and the balance either retained or rolled over to one or more rollover institutions, the components of your benefit will be allocated in the following order:

- Undeducted contributions to cash benefit
- If no cash benefit is requested, undeducted contributions and balance of cash benefit to the first nominated rollover institution
- Balance of benefit components split proportionately among nominated rollover institutions.

### 3. Payment Instructions

Please read section "2. Important information for you" before completing the details below.

I wish to notify Accountants Super that I have ceased employment with my registered employer and request that my benefit in Accountants Super be processed according to my instructions below:

#### Cessation Date

Date of Ceasing Employment

#### Payment Instructions (Please mark one box only)

- Total Benefit to be retained by Accountants Super (see point 1 of "Important Information" on the other side of this form)
- Unpreserved balance to be paid in cash\* and preserved balance to be retained by Accountants Super
- Total benefit to be rolled over (please complete Rollover Institution details in Section 5)
- Unpreserved balance to be paid in cash\* and preserved balance to be rolled over (please complete Rollover Institution details in Section 5)
- Total benefit to be paid in cash\*\*
- A partial payment of \$  to be paid\*\* and the balance to be retained by Accountants Super (please note a minimum of \$1,500 must be retained in Accountants Super when partial payments are requested)

If you have requested a cash payment and have not previously advised us of your Tax File Number (TFN), please contact our Customer Service Centre to obtain a Tax File Number Notification Form for this purpose or download the form from our web site. If no TFN is received by us, you may be liable for tax on your benefit at the highest marginal rate.

\* Please read points 4 and 5 of "Important Information" on the other side of this form.  
 \*\* Please read point 4 of "Important Information" on the other side of this form.

### 4. Insurance Options (Please mark the appropriate box / boxes below)

- I request that my insurance benefits cease in Accountants Super (see points 1 and 2 of section "2. Important information for you")
- I wish to obtain further information on Accountants Super's continuation option (see point 3 of section "2. Important information for you")

### 5. Rollover Institution Details (If insufficient space is provided please attach a schedule showing full details)

Name of Rollover Fund

#### Address of Rollover Fund

Street / Unit Number  Street Name

Suburb / Town  State  Postcode

Superannuation Fund Number (SFN) of Rollover Fund

Please note you must complete either one of the two fields below before your benefit can be transferred to your nominated rollover fund.

Policy or reference number with the Rollover Fund  OR Superannuation Product Identification Number (SPIN) of Rollover Fund

### 6. Authorisation to Pay Benefit

I authorise Accountants Super to pay my benefit in accordance with instructions provided above.

Signed  Date



### 7. Feedback to the Trustee

To assist our understanding of members' needs, we would appreciate your feedback on the reason you are leaving Accountants Super. Please mark the relevant box below and add additional relevant information in the comments section. This information will be treated with the strictest of confidence.

- I have left my employer
- My Financial Adviser has recommended I change fund
- I am transferring to my employer's superannuation fund
- I am transferring my account to my DIY fund
- Other (please specify):

I wish to make the following comments:

### 8. Privacy Statement

The information requested on this form is required in order to administer your membership. Your personal information may be provided to a financial adviser nominated by you and/or your employer. It may also be provided to specific organisations to provide services to you on our behalf. Your personal information will not be used or disclosed for any other purpose without your consent. If you do not provide the information requested, Accountants Super may not be able to administer your account. You may have access to the information Accountants Super holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1300 651 331.

### 9. Declaration

I hereby declare that to the best of my knowledge and belief, the information I have provided is true and correct.

Signed

Date

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### 10. Please return this form to:

Accountants Super  
GPO Box 3607  
Melbourne Vic 3001

### For further information:

**Phone:** 1300 651 331  
**Fax:** 1300 655 490  
**E-mail:** [asfinfo@accountants-super.com](mailto:asfinfo@accountants-super.com)  
**Website:** [www.accountants-super.com](http://www.accountants-super.com)

Professional Associations Superannuation Limited  
(ABN 14 056 917 303 RSE L0000352) as Trustee of  
Professional Associations Superannuation Fund (PASF)  
(ABN 78 984 178 687 RSE R1000429).  
Accountants Super is a division of PASF.