



Benefit Payment Form

Important: Complete all sections in BLOCK letters and black ink.

Please read all the information on the back of this form to help you complete your Benefit Payment Request correctly.

This request will be invalid if not signed and dated.

Attach any associated documentation before returning it to Christian Super.

Please return this completed form to: **Christian Super Locked Bag 5073 Parramatta NSW 2124**

1. Personal Details

Member Number

Date of Birth

Mr/Mrs/Ms/Rev/Other

Surname

Given Names

Postal Address (if different)

Street Number/PO Box

Street Name

Suburb/Town

State

Postcode

Phone [daytime]

Mobile

Date left employment (if appropriate)

Email

Trading name of last employer to contribute to Christian Super on your behalf

Is this your current employer Yes No

2. Tax File Number (TFN) details

Please read the section titled 'Tax File Number Details' on the reverse of this page before completing this section.

I agree to provide my Tax File number: Yes, my TFN is: No

3. Claim Type (tick option) Refer page 5 for details.

If you would like more information or assistance, please call our Helpdesk 1300 360 907

A Retirement

B Rollover

C Unrestricted Non-Preserved Benefit

D Severe Financial Hardship

E Compassionate Grounds

How much of your Benefit would you like to claim? (tick option)

Whole Amount

Partial Amount \$ _____

(To keep account open. If under age 65, a minimum of \$5,000 needs to be left in account. If over age 65, a minimum of \$1,000 needs to be left in account.)





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4. Rollover Fund details (Only complete if you have selected Type B Rollover)

I want to Rollover:

- My Total Benefit My Preserved Portion plus \$_____ of my Unrestricted Non-Preserved benefit
 Unless you instruct us otherwise, the balance of your Non-Preserved benefit will be paid to you directly.
- My Preserved Portion only Partial Benefit \$_____ (A minimum of \$5,000 needs to be retained in your account)

Rollover Fund/Member Policy/Plan Number (if known)

Rollover Fund Australian Business Number (ABN):

Required if rollover is to a superannuation fund

SPIN: Please obtain this number from the rollover fund.

Cheque to be made payable to

Name of Rollover Fund

Postal Address

Suburb/Town

State

Postcode

5. Banking Details (Please provide most recent bank statement to verify your details)

Banking Institution

Account Name

BSB Number

Account Number

Transaction description (This will appear on your bank statement)

Note: Bank account details must be in your name or jointly held in your name.





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6. Proving your identity (this section must be completed in full)

You must complete this section if you are taking your benefit as a cash withdrawal or rollover to your Self Managed Super Fund (SMSF). You have two options to prove your identity. check (X) the box to make a selection.

Option 1: I would like to use electronic verification

By providing you my medicare, driver's license or Australian passport details below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification using reliable and independent data sources. I understand the fund uses a third party for this purpose.

!Important: Make sure the details you provide are accurate. If your personal details provided at the start of this form do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will delay your request.

You must provide details of at least **TWO** of the following documents:

Document 1: Australian Driver's License

First name as shown on your license

Surname as shown on your license

Australian Driver's License number

Expiry date

State of issue

Document 2: Australian Passport

Given name/s including middle name shown on your passport

Surname as shown on your passport

Australian passport number

Place of birth as shown on your passport

Country of birth (not shown on your passport)

Family name at birth (not shown on passport)

Document 3: Medicare Card

Full name as shown on your Medicare card, including initial

Card number

Valid to

I am person

on this card

Option 2: I will like to provide certified copies of identification documents (see page 6 for instructions)

I have attached copies of my certified proof of identity with this form.





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7. Retirement details for Claim Type A

I declare that I:

- Met preservation age & permanently retired (please see table right)
- Ceased employment after reaching age 60
- Am over age 65 (you may still be working)

Date of birth	Preservation Age
Before 1 July 1960	55
1 July 1960 - 30 June 1961	56
1 July 1960 - 30 June 1962	57
1 July 1960 - 30 June 1963	58
1 July 1960 - 30 June 1964	59
After 30 June 1964	60

8. Declaration

1. I have read and understand the section headed 'Tax File Number Details' overleaf, and by signing below and providing my tax file number I am authorising the Trustee to pay my benefit as indicated. I understand that if I choose not to quote my tax file number, the Trustee is required to deduct tax at the top marginal rate plus Medicare Levy.
2. Where the full balance of my account is to be paid from Christian Super, I hereby release the Trustee from any further liability to me or my executors, administrators or dependants in respect of my participation in the Fund and request and authorise the termination of my membership in the Fund.
3. I approve the deduction of the benefit payment fee from the benefits on exit.
4. **I have read the notes overleaf and declare that the information supplied by me is correct.**

I Declare that:

(Please tick the box that applies to you)

5. I am an Australian citizen, New Zealand citizen or permanent resident of Australia;
or
6. I am a temporary resident and one of the following applies:
 - I have left Australia and I am not an Australian citizen New Zealand citizen or permanent resident of Australia;
 - I hold a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) visa;
 - or
 - I wish to claim payment on the grounds of permanent incapacity, temporary incapacity or this application to withdraw super is on behalf of a deceased member. If any of these circumstances applies, please contact Christian Super for assistance.

A temporary resident is someone who holds a temporary visa as described in the Superannuation Industry (Supervision) Regulations 1994 or in the Migration Act 1958

Your Signature

Date

Trustee Christian Super Pty Limited ACN 065 040 619 AFSL No. 244117 RSE Licence No. L0000918
Ph 1300 360 907 Fax 1300 367 828 members@christiansuper.com.au www.christiansuper.com.au



Supporting information for Benefit Payment Form

Compulsory Details

Please complete your membership number, full name and date of birth details. Completing your full name and date of birth details will enable us to locate your account, should you be unable to supply us with your membership number. Avoid the use of initials.

Claim type (Section 3)

A Retirement benefit

Certified Proof of Age must be supplied for all retirement benefits.

To claim your retirement benefit:

- Tick box A in Section 3.
- Complete Section 1, 2, 3, 5, 6 and 8.
- Send the Benefit Payment Request Form to Christian Super along with your certified proof of age.

B Rollover all or part of your benefit to another fund

If you have changed employers you may choose to rollover all or part of your superannuation benefit to an approved fund. Tax will not be deducted when you rollover, unless we do not hold your TFN (please refer to notes under Tax File Number details).

To rollover your benefits to another fund:

1. Tick box B in Section 3.
2. Complete Section 1, 2, 3, 4, 6 and 8.
3. Send the Benefit Payment Request Form to Christian Super along with your certified proof of identity.

C Unrestricted Non-Preserved Benefit

Any unrestricted non-preserved amounts may be paid by cheque, less tax (if applicable) to you or you may request that it be rolled over to another superannuation fund.

To claim your unrestricted non-preserved benefit in whole or in part:

1. Tick box C in Section 3.
2. Complete Sections 1, 2, 3, 5, 6, 7 and 8.
3. Send the Benefit Payment Request Form to Christian Super along with your certified proof of identity.

You can claim your benefit in cash (less tax) if:

- You ceased employment prior to 1 July 1997 and your benefit was at that date and is currently under \$500, or
- You ceased employment after 1 July 1997 and your benefit was at that date and is currently under \$200.

To claim your benefit less than \$500 or less than \$200:

1. Tick the 'Unrestricted Non-Preserved Benefit' box in Section 3.
2. Complete Sections 1 and 2.
3. Send your Benefit Payment Request Form to Christian Super along with your certified proof of identity.

D Severe Financial Hardship

To claim a Severe Financial Hardship benefit:

- Tick box D in Section 3.
- Complete sections 1, 3, 5, 6 and 8.
- Complete the enclosed questionnaire.
- Provide an original Q230 letter from Centrelink.

All paperwork must be received within 21 days of the Centrelink letter being dated. If no questionnaire is enclosed please contact our Helpdesk on 1300 360 907 and request a copy.

E Compassionate Grounds

To claim a benefit under Compassionate Grounds:

- Tick box E in Section 3.
- Complete sections 1, 3, 5, 6 and 8.
- Provide a letter of approval from APRA.

(APRA can be contacted on 1300 131 060)

All paperwork must be received within 21 days of the APRA letter being dated.

Benefit Payment Fee

A \$52.00 benefit processing fee will apply to all benefits paid.

Tax File Number Details (Section 2)

Please read the following information regarding the collection of tax file numbers:

- We can collect your tax file number under the Superannuation Industry (Supervision) Act 1993.
- You are not obligated to provide your TFN to Christian Super. However, if you do not provide your TFN, you will be taxed at the highest marginal rate of 45% plus the Medicare levy, compared to the concessional rate of 15%. It may also be more difficult to locate or amalgamate your superannuation benefits in future to pay you any benefits to which you are entitled.
- It is not an offence if you choose not to quote your tax file number. But if you don't tell us your tax file number, either now or later, you may pay more tax on your benefits. This additional tax would be able to be re-claimed at your next tax assessment with the Australian Taxation office. In addition, surcharge of up to 15% may apply to your superannuation contributions which may otherwise have not been payable. It may also be more difficult to locate or amalgamate your superannuation benefits in future to pay you any benefits to which you are entitled to.
- If you provide your tax file number to us, we may provide it to the trustee of another superannuation fund or to an RSA provider where that RSA provider or trustee is to receive your transferred benefits in the future. We won't pass your tax file number to such a trustee or RSA provider if you tell us in writing that you don't want us to do so.
- We may also give your tax file number to the Commissioner of Taxation where you receive a benefit, or for the purposes of the lost members register. We may also pass your tax file number to any relevant State authority or the Commissioner of Taxation when paying unclaimed monies. Otherwise your tax file number will be treated as confidential.

The lawful purposes for which your tax file number can be used and the consequences of not quoting your tax file number may change in future as a result of legislative change. For more information please contact your fund or the ATO Superannuation Helpline (13 10 20).

Declaration (Section 8)

You must sign and date Section 8 and return the completed form to us.

Privacy

Please note that by sending Christian Super personal information about yourself, you are agreeing to the following:

1. That you have read the Christian Super Privacy Statement and understand how Christian Super intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
2. That Christian Super can use it for the purposes of running your superannuation account.

If you have any questions about your rights under the privacy legislation, please call our Helpdesk on 1300 360 907.

Supporting information for Benefit Payment Form

Proving your identity (Section 6, Option 2)

How to Certify your ID

Certifying your ID lets governing authorities know that you are who you say you are.

It helps to keep your money safe!

Here's how to let them know you are the owner of the account:

1. Make a clear, legible copy (either photocopied or photographed and printed at actual size or larger) of an original ID document. You will need a copy for each superannuation fund you wish to transfer funds from.
2. Take the original ID and the copies to someone who can certify them (see list below)
3. Have the authorised person stamp or write on each copy of your ID "Certified true copy of the original document" and sign the page, adding their full name, date and registration number (if applicable) underneath their signature.
4. The resulting document is your certified ID. Attach one copy to this form and send to:
Christian Super Locked Bag 5073 Parramatta NSW 2124

What ID can I use?

- Your current driver's licence or passport **OR**
- Birth Certificate AND a recent Centrelink pension card, government or local council notice that contain your name and residential address and record of financial debt or provision.

Who can certify?

- A Justice of the Peace
- A police officer
- A judge of a court, or a magistrate
- A notary public officer
- An officer, or authorised representative, of an Australian Financials Services Licence (ASFL) holder, having two or more years continuous service
- A registrar or deputy registrar of a court



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For more info contact our helpdesk:
Ph 1300 360 907 Fax 1300 367 828
members@christiansuper.com.au
www.christiansuper.com.au