Benefit payment form

Please complete this form to:

- make a full or partial withdrawal from your super account
- make a withdrawal on compassionate grounds
- roll over your super to another fund or your self managed super fund (SMSF). You can also

complete this form online quickly and easily at rest.com.au/forms

Please contact us on Live Chat at rest.com.au or call on 1300 300 778 if you have any questions on completing this form. Please write in **BLOCK LETTERS** and use a **BLACK or BLUE** pen. This request will be invalid if unsigned and undated.

Please send your completed form and any other requested documentation to **contact@rest.com.au** or **PO Box 350 Parramatta NSW 2124** .

Your payment request may take up to 5 business days to be processed (longer if your application is incomplete), plus 2–3 days to transfer or send payment to you.

Section 1: Your details

Member number: 711946158

Date of birth (dd/mm/yyyy): 19 08 1985

Mr/Mrs/Ms/Miss: MR

Surname: MORRISON

Given name(s): RAYMOND

Note: A **residential address** is required to validate all withdrawal requests.

Unit number:

Street number: 40

Street name: TOLEDO CCT

Suburb/Town: PORT KENNEDY

State: WA

Postcode: 6172

Telephone (business hours):

Mobile: 0459570046

Email address: RAY.MORRISON85@HOTMAIL.COM

☒ If you would like your documents sent to a postal address, please tick this box and enter the address below.

Unit number:

Street number: 40

Street name/PO BOX: TOLEDO CCT

Suburb/Town: PORT KENNEDY

State: WA

Postcode: 6172

Your Tax File Number (TFN): 868070937

It is not compulsory to provide your TFN. However, if you do not provide your TFN, we may have to deduct a higher tax rate from your account when your benefit payment is made. Refer to the TFN information in Section 12.

Please go to Section 2

Section 2: Benefit payment type

1. Cash withdrawal

If you don't meet one of the following conditions you may not be able to make a cash withdrawal.

☐ **Retirement**

You must meet one of the following criteria to apply (please tick):

☐ You have reached your preservation age and will be permanently retired on or after your preservation age

☐ You are aged 60 or above and leave or change your employer*

☐ You are aged 65 or over

☐ **Unrestricted non-preserved payment**

You must have unrestricted non-preserved money in your Rest account to apply. Check your most recent member statement to see if you have unrestricted non-preserved money.

☒ **Compassionate grounds**

You must have received approval from the Australian Taxation Office for benefit to be paid on compassionate grounds. Please attach your approval letter with this form.

Amount specified in the approval letter $ 11814

☐ **Benefit payment under $200**

☐ I declare that I have ceased employment with a Rest employer and I wish to receive my total benefit less tax, which is less than $200.

2. Rollover to another fund

☐ I want to transfer/rollover part or all of my super to another fund*

*If you have finished with your Rest employer, please confirm your employment termination date

(dd/mm/yyyy)

Section 3: How much?

☐ Maximum account balance available under the partial withdrawal conditions

☐ Total account balance

☐ Partial amount # $ (net of tax)

If you are transferring a partial amount to another fund, you must leave a minimum of $6,000 in your account.

Withdrawal amount $ 11814

Rollover amount $

For cash withdrawal, please complete Section 4, 6 and 7

For rollover to another fund, please complete Section 5 and 7

For rollover to an SMSF, please complete Section 5, 6 and 7

Section 4: Payment details

Complete this section if you are making a cash withdrawal

Name of Australian financial institution

ING BANK (AUSTRALIA) LIMITED

BSB number

923 - 100

Account number

65474341

Account holder name

RAYMOND MORRISON

Note: Please check details shown above correspond with your latest statement. The account listed must be held in your name or jointly held in your name.

Section 5: Rollover fund details

Complete this section if you are making a rollover to another fund or an SMSF

Name of rollover fund

Rollover fund ABN

USI of rollover fund (non-SMSF)

Your member/account number in the rollover fund

Is the fund a self-managed super fund (SMSF)?

☐ No go to Section 7

☐ Yes provide Electronic Service Address (ESA)

* Please attach an SMSF bank statement along with a proof of identity if rollover to an SMSF.
* ABN and USI for your rollover fund are available from their website or Product Disclosure Statement
* ESA for your SMSF is available through an SMSF messaging provider or SMSF intermediary such as an administrator, tax agent or accountant. For more information about ESA, visit ato.gov.au

Section 6: Identity verification

Complete this section if you're making a cash withdrawal or rollover to your SMSF. You must tick either Option 1: Electronic verification or Option 2: Provide certified copies of your identification document.

☒ Option 1: Electronic verification

I agree to Rest using my driver's licence or Australian passport or Medicare details and the other details on this form to verify my identity electronically using independent data sources.

Australian driver's licence

First name (as shown on your licence)

RAYMOND

Middle name(s) (as shown on your licence)

Surname (as shown on your licence)

MORRISON

Driver's licence card number

H039935499

Driver's licence number

5295053

State of issue

WA

Expiry date (dd/mm/yyyy)

01 11 2025

Australian passport

First name (as shown on your passport)

Middle name(s) (as shown on your passport)

Surname (as shown on your passport)

Passport number

Medicare card

Card Colour

[X] Green [ ] Yellow [ ] Blue

Medicare number: 6255815358

Individual reference number: 1

Name on card (as shown on your card, including your middle initial): raymond g morrison

Expiry date (dd/mm/yyyy): 02 2028

[ ] Option 2: Provide certified copies of your identification document

I've attached copies of my certified proof of identity with this form (see Section 9: Proof of identity). If my identity documentation has not been certified correctly, I understand Rest may use the information on this form to verify my identity electronically using independent data sources.

Section 7: 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 (I nvestor Retirement) or Subclass 410 (Retirement) visa. If you do not meet these residency requirements, please contact us on 1300 300 778.
- I declare that all the information I have provided on this form is true and correct.
- I have attached certified proof of my identity (please refer to Section 9: Proof of identity for more information), which shows my correct date of birth and name change(s) if required.

I am withdrawing my super from Rest and understand that:

- any ins urance cover that may apply will cease once my Rest account is closed;
- if I am a mem ber of Rest Super, my insurance will continue provided my account remains open and has enough money to cover my insurance premiums;
- have the right to ask Rest for information on how withdrawing my super will affect my entitlements and have done so or have chosen not to exercise this right;
- Rest may not be able to pay my benefit until they have received final contribution to my Rest account (if applicable);
- if I haven't indicated an intention to claim a tax deduction, I will not be able to claim a tax deduction for the withdrawn contributions in the future. It is my responsibility to contact a financial planner or tax adviser if I am unsure of my eligibility.

- I have read Section 11 and I declare that:

[ ] I am a domestic politically exposed person (PEP), as I am an individual who occupies a prominent public position or function in a government body or international organisation, either within or outside Australia.

Refer to Section 11 for further information regarding domestic politically exposed persons.

Please select if applicable

[ ] I am signing on behalf of the applicant

If you have been nominated to represent the member, please verify your identity by providing the below:

1. One identity documentation as outlined in Section 9: Proof of identity, and
2. A certified copy of any one of the following documents:
   - Power of Attorney or
   - Guardianship paper

Signature of applicant

(dd/mm/yyyy) 27-06-2025 02:14:52 GMT

Your privacy is important to us

When your personal details are provided to Rest, they are securely stored and are accessible only to authorised personnel for the purpose of maintaining your account and any insurance arrangements. If you would like to see Rest's Privacy Policy, visit rest.com.au or contact us on 1300 300 778 for a copy of the Policy.

Section 8: Checklist

We will process your request as soon as we can. However it is important to make sure that all information and relevant requirements have been completed:

- ☐ If you have selected Option 2 in Section 6: Identity verification, have you attached a certified photocopy of your proof of identification, such as a driver's licence or current passport (only required for cash withdrawal and SMSF rollover). If you consent to electronic verification, you don't need to send us your certified identification.
- ☐ Please refer to Section 9: Proof of identity and how to certify your ID.
- ☐ Have you attached your SMSF bank statement if rolling over to an SMSF?
- ☐ Have you completed all relevant sections of the form?
- ☐ If you have changed your name or date of birth, you will need to provide us supporting documentation if this has not been previously provided.
- ☐ Have you signed and dated the declaration?
- ☐ Have you made personal contributions which you intent to claim a tax deduction during this financial year? Have you notified Rest of your intention to claim a tax deduction (if applicable). If you are not sure you are eligible to claim a tax deduction, please contact a financial planner or tax adviser before submitting your benefit withdrawal request.

Section 9: Proof of identity (Only if you have not opted in for electronic verification)

How to certify

1. Take a photocopy of the original document.
2. Take both the original document and the photocopy to an authorised person to sight and certify the documents (eg your local police station, see 'who can certify' below for full list).
3. Get an authorised person to stamp or write 'I certify this to be a true copy of the document shown and reported to me as the original', followed by their signature, full name, qualification, registration number (if applicable) and the date.
4. Attach the certified copy of your document to this form.

Documentation

The following documents^ are acceptable as proof of your identity (ID):

EITHER

One of the following documents only:

- Current driver's licence or passport that contains your photograph and signature
- Current card issued by a State or Territory for the purpose of proving your age that contains your photograph and signature

OR

- Birth Certificate or extract, Citizenship Certificate issued by the Commonwealth or current Pension card issued by the Department of Human Services AND
- Notice issued by the Commonwealth, State or Territory that shows you are receiving a financial benefit, such as a Centrelink payment notice, or a notice issued by the Australian Taxation Office (ATO) that shows a debt to or refund from the Commonwealth, such as a Tax Assessment Notice (less than 1 year old) with your name and residential address OR
- Notice issued by a local Government body or utilities provider within the last three months for the provision of services, such as a council rates notice or electricity bill OR
- If you're under 18, a notice issued by a school principal within the last three months which shows the period of time you've attended at the school.

^ Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Certified Translator or above.

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below). 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 or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace etc.) and date. You must provide the certified copy that is signed by the authorised person. Rest will not accept certified copies of documentation that are then scanned or faxed.

Who can certify?

- a Justice of the Peace
- a pharmacist, medical practitioner, nurse, dentist, optometrist, chiropractor, physiotherapist, psychologist or veterinary surgeon
- teacher employed on a full-time basis at a school or tertiary education institution
- a police officer
- a notary public
- a bank, building society, credit union or finance company officer with two or more years of continuous service
- an officer with, or authorised representative of, a holder of an AFSL with two or more years of continuous service with one or more licensees
- a permanent employee of the Commonwealth or a Commonwealth authority, a State/Territory or a State/Territory authority or a local government authority, with two or more years of continuous service
- a Member of the Parliament of the Commonwealth, the Parliament of a State/Territory or local government authority of a State/Territory
- an Australian consular or diplomatic officer (within the meaning of the Consular Fees Act 1955)
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
- a registrar or deputy registrar of a court a person enrolled as a legal practitioner on the roll of the Supreme Court of a State/Territory or the High Court of Australia
- a judge or magistrate of a court
- a Chief Executive Officer of a Commonwealth Court.

We're unable to accept any documents that have been certified by a family member or friend.

Section 10: Proof of identity – change of name

If you have changed your name you will need to provide a certified linking document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from Births, Deaths and Marriages Registration Office

Section 11: Domestic politically exposed persons

Domestic politically exposed persons (PEP) are people who occupy a prominent public position or function in a government body or department of a State, Territory or the Commonwealth. It also includes their immediate family members and close associates.

The law requires the Trustee to take steps to determine whether any member of Rest is a domestic politically exposed person. This is because the Trustee has some additional obligations when dealing with politically exposed persons.

Please complete the questionnaire below. The following examples are not an exhaustive list and if you have any questions, please contact us on Live Chat at **rest.com.au** or call on 1300 300 778.

Do any of the following characteristics apply to you?

☐ Do you hold a prominent public position or function in government or an organisation such as: the Head of State or government, a government minister, a senior politician, a senior government official, the Governor of the Reserve Bank of Australia, a cabinet member, a senior foreign representative, an ambassador or high commissioner, a diplomat, or a high ranking member of the Australian military such as: General, Admiral or Marshall, or the Board Chair, chief executive or chief financial officer or any other position that has comparable influence in any State enterprise?

☐ Are you a Judge of a Federal, High or Supreme Court of a State or Territory of Australia?

☐ Are you a close family member of a PEP being a person who is a spouse, partner, child, sibling, parent or a family member spouse eg sister-in-law or parent-in-law etc?

☐ Are you a close enterprise or business associate of a PEP being a person who has sole or joint beneficial ownership, control or influence over a legal entity. Close associate also includes a person who has an Acting Authority or is an Authorised Representative for the PEP.

Specific public position, role or rank is:

Country and State, Territory or Region and City/town:

Section 12: Tax File Number (TFN) information

You are not obligated to provide your TFN to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal rate plus the Medicare levy on contributions made to your account in the year. This additional tax may be deducted from your account. If your super fund does not have your TFN, you will not be able to make personal contributions to your super account.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

For more information please contact us on 1300 300 778 or the ATO Superannuation helpline on 13 10 20.