Perpetual

Perpetual Self Managed Super Fund Service (SMSF)

Perpetual Trustee Company Limited ABN 42 000 001 007 AFSL 236643 (Perpetual)

Withdrawal form

1. Fund details			
superannuation fund name			
fund account number			
ac	ccumulation account	pension account	

2. Member details

title	Mr Mrs	Miss Ms	other		
first name(s)					
last name					
address					
suburb				state	postcode
date of birth	/	1		certified photo ID previously provided	certified photo ID attached

3. Payment amount

payment amount	\$ payment type	cash	in-specie
	(pension only)	pension payment (ad hoc)	pension commutation

4. Source of funds

You (or your adviser) are required to indicate in the table below which assets your withdrawal should come from. If you select assets other than cash, we will arrange for the specified portion of those assets to be transferred to you. If you do not specify where this withdrawal is to come from, the payment will be made from cash, and if there is insufficient cash, we will not process your withdrawal request.

asset name	number of units	\$ amount (est.)
	total (\$)	

5. Payment instructions

Please select one of the following payment options:

By direct bank deposi	t
bank name	
account name	
BSB number	account number
Transfer to other acco	punt
account name	
account number	
Transfer to another co	omplying superannuation fund
institution	
fund name	
fund phone number	
member number	
address	
suburb	state postcode
ABN of fund	SPIN (if known)

6. Eligibility for withdrawal

ETSL is obliged to ensure that a 'condition of release' has been met in order to pay a superannuation benefit. This means we may require additional information from you in order to make a payment.

I am eligible to receive a benefit because (please select at least one of the following reasons for withdrawal):

	I have reached the age of 65.
	I am withdrawing an unrestricted non-preserved amount.
	I am withdrawing an restricted non-preserved amount and have left an employer who was contributing to my superannuation.
	I am transferring/rolling over to another super fund. Please provide the details in section 5 of the institution(s) to which you are rolling your money and a letter from the fund stating it is complying.
	I retired after age 60. This means you have ceased employment and have no intention of becoming gainfully employed in the future for 10 hours or more per week.
	I am withdrawing on compassionate grounds. Please attach letter of approval from APRA.
	I am permanently incapacitated/disabled. Please attach relevant documents available from your adviser or Account Manager.
	I am withdrawing on the grounds of financial hardship. Please attach Centrelink letter confirming receipt of payment as well as relevant documents available from your adviser or Account Manager.
	I am terminally ill Please include two doctor certificates (one from a specialist) confirming that you suffer from an illness or injury that is likely to result in death within 24 months.
member's signature	date / /