

5. Payment instructions

Please select one of the following payment options:

By direct bank deposit	
bank name	
account name	
BSB number	account number

Transfer to other account	
account name	
account number	

Transfer to another complying 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):

<input type="checkbox"/>	I have reached the age of 65.
<input type="checkbox"/>	I am withdrawing an unrestricted non-preserved amount.
<input type="checkbox"/>	I am withdrawing an restricted non-preserved amount and have left an employer who was contributing to my superannuation.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I am withdrawing on compassionate grounds. Please attach letter of approval from APRA.
<input type="checkbox"/>	I am permanently incapacitated/disabled. Please attach relevant documents available from your adviser or Account Manager.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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	<input type="text"/>	date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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