

New South Wales Electrical Superannuation Scheme Pension Lump Sum Withdrawal & Rollover Form



The relevant parts of this form must be fully completed before a Lump Sum Withdrawal (Commutation) from your pension can be paid.

Please complete this form in **black** ink using **BLOCK** letters.

Once completed please return to:

NESS Locked Bag 5042 Parramatta NSW 2124

Some legal restrictions to withdrawal payments apply:

Transition to Retirement Pensions

Withdrawals can only be made under the following circumstances:

- To access unrestricted non-preserved funds;
- To rollover your account to another pension product;
- To rollover your account to a superannuation fund;
- To pay a superannuation contribution surcharge liability;
- To make a payment split under family law;
- To release benefits following a successful request for payment on Financial Hardship or Compassionate grounds.

All Pensions

To receive a total payment, you must have received at least your pro-rata minimum pension payment for this current financial year and for partial payments, there must be enough remaining in your account to make your pro-rata minimum payment for the year.

If this is not the case, part of your withdrawal must be paid as a pension payment. Where the total benefit owing is withdrawn, the Trustee is required to pay the minimum pension amount for the remainder of the year.

Section 1: Personal Details

NESS Pension Member Number	Date of Birth (DD/MM/YYYY)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Mrs/Ms/Miss	Surname	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Names	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Residential Address		
Street Number	Street Name	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address (only if different from above)		
PO Box Number	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (Home)	(Mobile)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

Trustee: New South Wales Electrical Superannuation Scheme Pty Ltd ABN 28 003 156 812 (RSE Licence No. L0000161) as trustee of the New South Wales Electrical Superannuation Scheme ABN 72 229 227 691 (RSE Registration No. R1000115) Australian Financial Services Licence No. 238945 **Freecall:** 1800 022 067 **Fax:** (02) 8837 5422 **Email:** nessadmin@aas.com.au **Web:** www.nesssuper.com.au

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Section 3: Investment Options

This section is to be completed only if you are making a partial withdrawal and you have more than one investment option. If you do not advise from which investment option you would like your money withdrawn we will deduct it in the same proportion as your last pension payment.

Cash	Stable	Balanced	Property	High Growth	Australian Shares	Overseas Shares	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
%	%	%	%	%	%	%	1 0 0 %

Section 4: Certified Proof of Identity

Prior to payment of a withdrawal from your NESS Pension you are required to provide a certified copy of proof of your identity. Proof of identity can be in the form(s) outlined below. If you do not have access to the items listed below please contact us for other proof of identification options.

I have attached:

A certified copy of my driver's licence or passport; or

I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card; and

Centrelink payment letter or Government notice (<1 year old) with name/address.

Section 5: Declaration

I declare that:

- I understand that if I have requested to withdraw my entire account balance, my membership of the NESS Pension will be terminated.
- I agree that my Tax File Number can be provided to the Trustee of the rollover fund nominated by me on this form.
- I declare that the information supplied by me in this form is correct.
- I understand, that by signing below, I am authorising the NESS Trustee to pay my pension as indicated and, where the entire balance is being withdrawn, the Trustee will be released from any further liability and obligation to me, my dependant/s (if applicable), my legal personal representative or any other person claiming in respect of my NESS Pension account.
- I am aware that tax will be deducted at the rate applicable for each payment made to me.

Signature



Date (DD/MM/YYYY)

<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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