




NESS Pension Lump Sum Withdrawal and Rollover Form



Please complete and return this form to: NESS Pension, Locked Bag 5042, Parramatta NSW 2124
Complete in pen using CAPITAL letters or type directly into this form and print it out.
Use (X) to mark boxes. This request must be signed and dated.

-  Website: www.nesssuper.com.au
-  Email: nessadmin@aas.com.au
-  Freecall: 1800 022 067

The relevant parts of this form must be fully completed before a Lump Sum Withdrawal (Commutation) from your pension can be paid.
Some legal restrictions to withdrawal payments apply:

Transition to Retirement pensions

- To access only unrestricted non-preserved funds;
- To rollover your account to another pension product;
- To rollover your account to a superannuation fund;
- 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 the 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 Where the total benefit owing is withdrawn, the Trustee is required to pay the minimum pension amount for the remainder of the year.

1. Your NESS Pension member details

Pension Member Number (This can be found on your Member Statement)

Mr/Mrs/Ms/Miss Surname

Given names

Date of birth (ddmmyyyy)

Male/Female

Telephone (daytime)

Mobile

Email

Residential address

Street number

Street name

Suburb/Town

State

Postcode

Postal address (if different to residential address)

PO Box

Suburb/Town

State

Postcode

 Please turn over

2. Withdrawals and rollovers

Please note that certified proof of identity is required for all lump sum withdrawals (see section 4 for requirements).

Withdrawals

I would like to withdraw:

My total account balance **or** Partial account balance of \$,

Please pay to:

The financial institution that receives my regular pension payments; or

The financial institution nominated below:

Account name (must be in your name or a joint account with you and another person)

Bank/Building Society/Credit Union name

BSB

Account number

Rollovers

I would like to rollover:

My total account balance **or** Partial account balance of \$,

Rollover fund/member number

SPIN (please obtain from rollover fund)

ABN (please obtain from rollover fund)

Cheque to be made payable to

Name and address of rollover fund

Street number

Street name

Suburb/Town

State

Postcode

 Please turn over to complete and sign this form

3. Your Investment Choices

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Conservative	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Cautious	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Moderate	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Assertive	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Aggressive	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Total must add to 100%	1 0 0 %

4. 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 Super 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

Print full name

5. Completing proof of identity

Please attach **certified photocopies of documentation** to prove you are the person to whom the superannuation entitlements belong.

Please tick the box/es to show which documents you have attached to this form.

(Only provide original documents if you are submitting this form in person at the administrator's office or at our offices).

I have attached:

<p>EITHER:</p> <p>One of the following documents only:</p> <p><input type="checkbox"/> A current driver's licence or permit issued under the law of a State or Territory; or</p> <p><input type="checkbox"/> A passport issued by the Commonwealth which can be up to two years out of date;</p> <p>that contains a photograph of the person in whose name the document is issued.</p>	<p>OR</p> <p>One of the following documents:</p> <p><input type="checkbox"/> Birth certificate or birth extract</p> <p><input type="checkbox"/> Citizenship certificate issued by the Commonwealth</p> <p><input type="checkbox"/> Pension card issued by Centrelink that entitles you to financial benefits.</p>	<p>AND</p> <p>One of the following documents:</p> <p><input type="checkbox"/> Letter from Centrelink regarding a Government assistance payment</p> <p><input type="checkbox"/> Notice issued by Commonwealth, State or Territory Government within the past 12 months, containing your name and residential address. For example:</p> <ul style="list-style-type: none"> – Tax Office Notice of Assessment – Rates notice from local council
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If you are unable to provide accepted certified documents, please contact NESS Super for other options.

Certified proof of identity

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by an authorised person (see below).

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years of continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

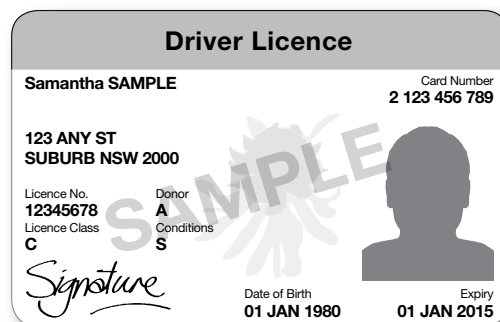
Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

Example of how to certify identification

- 1 Take a photocopy of both sides of the original document (see list of documents above).
- 2 Take the photocopy and the original document(s) to an authorised person.
- 3 The authorised person should state on the front side of each copy: 'This is a true and correct copy of the original.'

The authorised person should write on each copy their:

- full name;
- qualification;
- registration number (if applicable);
- date; and
- signature.



This is a true and correct copy of the original

Signature

Sergeant Sam Jones
 42 Super Street, Supertown
 0123 456 789
 10 December 2014
 (02) 9876 6432