

# Partial Cash Withdrawal Request Form



## Personal Details

Title: Mr / Mrs / Miss / Ms (please circle one) Member Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Instructions

Amount of cash payment required (net of tax):

Maximum available OR \$  Insert amount to be paid

\* If you are invested in more than one option, the amount will be withdrawn in accordance with your nominated investment option selection.

## Bank Details

Payment will be by cheque to your postal address unless you provide your bank account details.

Note that your payment can not be made to a third party's bank account. The account must be in your name as sole or joint account holder.

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account Name \_\_\_\_\_

BSB \_\_\_\_\_ Account Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account Name \_\_\_\_\_

BSB \_\_\_\_\_ Account Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

## Preservation Declaration (tick the box that applies)

I have reached my preservation age (see over page) and have retired permanently from the workforce.

I have reached age 60 and ceased employment with my current employer

I am 65 years of age or over

## Identification (tick one box)

I have previously provided the necessary identification; or

A certified copy of my Driver's Licence or Passport is attached.

**Please sign the form over the page**

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## Signature and Declaration

By signing this form I understand that:

- information contained in this form will be used by the Trustee to process my benefit payment. It may be disclosed to government agencies, my employer and other parties as required, including the trustee of any other fund I may transfer to. By signing this form I consent to the handling of my personal information in this manner. If I do not provide the information, my payment request may not be processed.
- I can access my personal information by writing to the Privacy Officer at the address below.

Signature  Date  /  /

Please send your completed form to:

CBH Superannuation Fund, GPO Box L886 Perth WA 6842

**Phone:** (08) 9416 6235 **Fax:** (08) 9322 3942 **Email:** donna.adam@cbh.com.au

### NOTES RELATING TO A PARTIAL WITHDRAWAL CASH PAYMENT REQUEST:

1. No cash payment will be made unless the Fund has received the necessary proof of identity documents, generally a copy of your current driver's licence or passport. (Identification documents must be certified as a true copy by a JP, Postmaster, policeman, lawyer, accountant or other person qualified to certify such ID documents).
2. The "preserved" component of your benefit can not be paid to you unless a condition of release is satisfied. The "restricted non-preserved" component of your benefit can not be paid to you until you terminate your current employment or attain age 65.
3. The requested cash amount can not exceed your "unrestricted non-preserved" amount.
4. If the requested cash payment would result in balance of the member account being less than \$5,000 then the whole of the account will be paid out and your membership, including any insurance cover, will be cancelled.
5. Payments can not be made to a third party. If the payment is to be deposited directly into a bank account then the account must be in the member's name – either solely or jointly.
6. The payment amount will be deducted from your account in accordance with your nominated investment option selection not pro-rata from your current investment balance. If you have account invested in more than one option and wish to nominate the option to make your withdrawal from, please contact us on 08 9416 6235.

### PRESERVATION AGE

Your 'preservation age' (ie the age at which your preserved super can be paid to you in cash if you have permanently retired from the workforce) depends on your date of birth:

Date of birth	Preservation age
Before 1 July 1960	55
Between 1 July 1960 and 30 June 1961	56
Between 1 July 1961 and 30 June 1962	57
Between 1 July 1962 and 30 June 1963	58
Between 1 July 1963 and 30 June 1964	59
After 30 June 1964	60

The law requires that preserved super stays invested in an approved superannuation arrangement until the member reaches preservation age. This could include transferring any preserved benefit from the Fund to another employer's fund, a personal super fund, a rollover fund or a retirement savings account in circumstances where you cease employment with an employer.