ANZ SMART CHOICE SUPER
WITHDRAWAL FORM

April 2026

Customer Services

Phone 13 12 87 (International +61 3 7051 3694)

Email smartchoice@insigniafinancial.com.au
Website hub.anzsmartchoice.com.au

This form is to be used for rollovers and lump sum cash withdrawals by existing members in ANZ Smart Choice Super.

INSTRUCTIONS

Please read the 'Important Information' section before you complete this form.

Complete and sign the form and return via either:

Option 1: Email* the completed form to smartchoice@insigniafinancial.com.au

*Please note:

- emails can only be accepted from the email address currently held on our records
- emailed forms cannot be accepted if you are sending original certified copies of your ID documents

or

Option 2: Mail the completed form with original certified copies of your ID documents to

ANZ Smart Choice Super
GPO Box 5107
Sydney NSW 2001

1. MEMBER DETAILS

Member number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

Last name

Given name(s) (including middle name)

Date of birth D D M M Y Y Y Y

Tax file number (TFN)*

* Please refer to section 8 for further details on the collection of TFNs.

Residential address (this cannot be a PO Box)

Suburb/Town | State | Postcode

Country

Postal address (if different from above)

Suburb/Town | State | Postcode

Country

Business phone | Mobile phone

Email

Primary citizenship | Secondary citizenship (Complete if you have dual citizenship)

Occupation (If you have fully retired from the workforce please write "Retired")

If my withdrawal request requires any further queries, please contact me by: ☐ Phone ☐ Email ☐ Post

If you do not tick any box we will contact you by phone.

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2. TAX QUESTIONNAIRE

Do you intend to claim a tax deduction on personal contributions made during the financial year?

☐ Yes – Complete the Notice of Intent to Claim a Tax Deduction Form attached to this form.

☐ No – Please proceed to section 3.

Note: Where a partial withdrawal or rollover is made, a tax deduction for personal contributions may only be allowed on a proportional basis. Generally, this affects personal contributions which are claimed as a tax deduction after a partial withdrawal or rollover has been made.

3. TYPE OF WITHDRAWAL REQUESTED

Please tick one of the following:

☐ I would like to rollover to another institution – please complete sections 5, 6b and 9.

☐ I would like to request a lump sum cash payment from my super account – please complete sections 4, 5, 6a and 9.

4. ELIGIBILITY TO WITHDRAW A LUMP SUM CASH PAYMENT

a. Residency

Are you a permanent resident or citizen of Australia or New Zealand or a holder of a subclass 405 or 410 visa?

☐ Yes – please continue to part b.

☐ No – have you ever been a temporary Australian resident?

- ☐ Yes – please refer to the 'Important Information' page and complete part b where applicable.
- ☐ No – please continue to part b.

b. Conditions of withdrawal

I would like to withdraw a lump sum cash payment. I have met one of the conditions of withdrawal, as indicated by me below.

Please tick one of the following:

☐ Retirement: I have reached my preservation age and have permanently retired from the workforce.

☐ Retirement: I am aged 60 years or more and have ceased an arrangement of gainful employment since attaining age 60 years.

☐ I am aged 65 years or more.

☐ The amount to be withdrawn is unrestricted non-preserved.

Please note: if you selected one of the above options and you have previously provided your proof of identity and your nominated bank account, you may be able to arrange a cash payment over the phone and you may not need to complete this form. Please call Customer Services on 13 12 87.

or

Other* – Please refer to the 'Eligibility to withdraw a lump sum cash payment' section on the 'Important information' page before completing this section.

☐ Compassionate ground

☐ Terminal medical condition

☐ Departed temporary resident

☐ Balances less than $200

☐ Permanent incapacity

* **Do not use this form for withdrawals relating to death claims, Severe financial hardship or matters pertaining to the** Family Law Act 1975**. Please phone Customer Services on 13 12 87 for claim requirements.**

ANZ SMART CHOICE SUPER
WITHDRAWAL FORM

5. WITHDRAWAL INSTRUCTIONS

a. Full withdrawal only

☐ I would like to withdraw my total account balance. I am aware that any fees and any taxes will be deducted before payment is made. I understand that a full withdrawal will close my account.

Note: If you choose to close your account before any insurance benefits are paid, you should be aware that **any insurance will cease when the account is closed** and you may no longer be entitled to an insurance benefit payment. If you wish to retain your insurance, you may choose to make a partial withdrawal so that sufficient funds are retained within your account to pay future insurance fees and other charges.

Please proceed to section 6 – 'Payment instructions'.

b. Partial withdrawal only

Note: Your withdrawal will be made from your investments in the same proportion as your future contributions. The lesser of 15% of your account balance or $6,000 is required to keep the account open.

☐ I would like to make a partial withdrawal of $

Please indicate below whether this amount is to be net or gross:

☐ Net: I would like my withdrawal to be net of fees and taxes. This means that the amount I have nominated is the exact amount that I will receive after any fees and taxes are deducted.

☐ Gross: I would like my withdrawal to be gross of fees and taxes. This means that the amount I have nominated is before any fees and taxes are deducted.

6. PAYMENT INSTRUCTIONS

a. Lump sum payment

Payments cannot be made to third-party bank accounts (you can only nominate an account which is held in your name, either solely or jointly). It may take up to five days for funds to clear, depending on your financial institution.

Are you requesting payment to an Australian bank account:

☐ Yes – Please complete the section below.

☐ No – Please complete the International Funds Transfer Global Payment on page 12. **Please note** that we cannot send cheques overseas.

Name of financial institution

Branch

Bank account holder name(s)

BSB number Bank account number

b. Rollover

Name of receiving rollover institution

Australian Business Number (ABN)

Unique Superannuation Identifier (non-SMSF)

Account/Reference no.

Address of receiving rollover institution

Suburb/Town State Postcode

Contact no. of receiving rollover institution

Note: If your withdrawal is related to a Trans Tasman rollover, please complete the applicable Trans Tasman Application form for Whole Balance Transfers available by clicking on "Find a Form" at anz.com.au/smartchoicesuper

For SMSFs only

Please transfer my benefit to the following fund (Receiving fund details):

Bank account name

BSB number Bank account number

Fund ABN Electronic Service Address (ESA)

If transferring to a Self Managed Super Fund (SMSF), OnePath Custodians must verify your SMSF as complying and that you are a member of the fund. This is done through the SMSF Verification Service (SVS). If it is found that your information is incomplete you will be advised to contact the ATO.

Note: If you are rolling over to a Self Managed Super Fund (SMSF), the payment will be made via direct credit to an SMSF bank account. We may request for further information/evidence about the SMSF bank account to confirm the payment destination.

7. PROOF OF IDENTITY

This step is only required if you have not previously supplied your proof of identity.

Please complete option 1 **OR** option 2 below as proof of identity for superannuation entitlements.

Option 1: Electronic verification

Please provide details for any **TWO** of the following forms of identification:

Driver licence

Full name (as it appears on your driver licence)

Last name

Given name(s) (including middle name)

Address (as it appears on your licence)

Suburb/Town | State | Postcode

Licence number | Card number* | State of issue

Expiry date D D M M Y Y Y Y

* Card number is a series of numbers/letters and is separate to your driver licence number. You'll find your card number on the front or back of your card (depending on your state).

Medicare card

Full name (as it appears on your Medicare card)

Last name

Given name(s) (including middle name)

Card colour (please tick) ☐ Green ☐ Blue ☐ Yellow Medicare card number

Individual reference number (the number to the left of your name) Expiry date D D M M Y Y Y Y

Australian passport

Full name (as it appears on your passport)

Last name

Given name(s) (including middle name)

Passport number

Australian visa (foreign passport holders)

Full name (as it appears on your passport)

Last name

Given name(s) (including middle name)

Passport number | Country of issue

By providing my proof of identity details above, I consent to its use to electronically verify my identity. I understand that my personal information will be shared with a secure external service provider in order to match my information with identification data sources. If my details do not match the records held by the Experian Credit Reporting Agency I will be notified in writing by either the Product Issuer* or VixVerify on behalf of the Product Issuer. VixVerify is product owner of GreenID, the Product Issuer's electronic verification system.

Option 2 – Certified copies of identification

Please provide original certified copies of identification. Each page must be certified as a true copy. Please refer to 'Important Information' on pages 7–9.

☐ I authorise the use of my personal details for the purpose of electronically verifying my identity where possible if the paper copies of my certified documents are incorrectly certified or unable to be read, or if I have submitted scanned copies of my certified documents via email. I understand that my personal information will be shared with a secured external service provide in order to match my information with identification data sources. If my details do not match the records held by the Experian Credit Reporting Agency I will be notified in writing by either the Product Issuer or VixVerify on behalf of the Product Issuer VixVerify is product owner of GreenID, the Product Issuer's electronic verification system.

* Product issued by OnePath Custodians Pty Limited

8. TAX FILE NUMBER (TFN) NOTIFICATION

Information you should know about providing your tax file number

You or your employer may already have provided your Tax File Number (TFN) to the Fund, if not, we are required to tell you the following details before you provide your TFN.

Your TFN is confidential, and you should know the following before you decide to provide it to OnePath Custodians or a third party engaged by either OnePath Custodians or a related party of OnePath Custodians to provide superannuation administration services ("third party administrator") relating to this product:

- OnePath Custodians and the third party administrator are authorised to collect your TFN under the Taxation and Superannuation Laws.
- If you do provide your TFN to OnePath Custodians or the third party administrator, they will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation benefit payments you may be entitled to.
- If you do provide your TFN to OnePath Custodians or the third party administrator, they may provide it to the trustee of another superannuation fund or a Retirement Savings Account (RSA) provider where the trustee or RSA provider is to receive your transferred benefits in the future.
- OnePath Custodians and the third party administrator will not pass your TFN to any other superannuation fund if you tell OnePath Custodians or the third party administrator in writing that you do not want them to pass it on.
- OnePath Custodians or the third party administrator may quote your TFN to the Australian Taxation Office (ATO) when reporting details of contributions for the purpose of lost member reporting, monitoring contributions caps and administration of the government co-contribution and low income superannuation contribution.

Otherwise your TFN will be treated as confidential. You are not required to provide your TFN. Declining to quote your TFN is not an offence.

However, if you do not give OnePath Custodians or the third party administrator, your TFN, either now or later:

- They may not be able to accept personal contributions.
- Additional taxes will apply to concessional contributions (including compulsory employer contributions).
- You may pay more tax on your superannuation benefits when you withdraw them than you have to (you may get this back at the end of the financial year in your income tax assessment).
- It may be difficult to locate or amalgamate your superannuation benefits in the future.

The purposes for which OnePath Custodians or the third party administrator can use your TFN and the consequences of not providing it to them may change in the future as a result of changes to the law.

9. DECLARATION AND SIGNATURE

Your withdrawal request will be processed as quickly as possible. Your final account balance cannot be calculated until the day payment is actually made. The amount that will be paid to you depends on the current value of your account, investment earnings or losses and any taxes and fees that may apply to your account.

The balance of your account will remain invested in the investment fund(s) you chose or in the default investment fund that applies to your fund until your account is paid to you or you ask us to change the investment fund.

If you have any concerns you should discuss these with your financial adviser.

By completing this form:

- I authorise the collection, use and disclosure of my personal information (including health and other sensitive information) for the purpose of the management and administration of those OnePath Custodians products and services in which I have invested or for which I wish to apply as outlined in the Privacy statement in the Additional Information Guide relevant to my ANZ Smart Choice Super account, in ANZ's Privacy Policy which is available at anz.com.au/privacy and OnePath Custodians' Privacy Policy available at onepath.com.au/superandinvestments/privacy-policy. I understand that unless I consent to the collection, use and disclosure identified in the Privacy statement, OnePath Custodians will not be able to process my application or to deliver the relevant products or services.
- I consent to ANZ, OnePath Custodians and their related companies using my personal information (including health and other sensitive information) to send me information about their products or services from time to time. I also consent to OnePath Custodians disclosing my personal information (including health and other sensitive information) to organisations, including those in an arrangement or alliance with OnePath Custodians or its related companies, to share information for marketing purposes and to enable those alliance partners to send me information about their products and services. If I do not want OnePath Custodians, its related companies or alliance partners using and disclosing my information for this purpose, I understand and agree that I must phone 13 12 87 to withdraw my consent.
- I accept that where my employer (or former employer) has appointed a financial adviser for this plan, my personal information will be provided to the financial adviser in order to undertake the management and administration of the plan.
- I authorise my financial adviser (where I have nominated a financial adviser) to receive and access my personal information for the purposes of managing my investment. Where there is a change to this authority or relating to my adviser, I will notify OnePath Custodians of the change.
- I declare that I am not bankrupt or insolvent under administration and that the information provided by me in this form is true and correct. I request the Trustee, OnePath Custodians Pty Limited (ABN 12 008 508 496, AFSL 238346, RSE L0000673) (OnePath Custodians) to act upon and give effect to the directions given by me in this notice.
- I acknowledge that should I, or my estate, receive a payment from OnePath Custodians in full satisfaction of my benefits under the Fund (including any relevant insurance benefits to which I have become entitled), OnePath Custodians will have fully discharged their obligations under the Trust Deed governing the Fund,and that any payment made to or in respect of me shall be net of any lump sum tax paid, as required by law, to the Australian Taxation Office.
- If I provide my TFN, I have read and acknowledged the TFN information in section 7.
- I acknowledge that during abnormal or extreme markets some normally liquid assets may become illiquid, restricting OnePath Custodians' ability to sell them at short notice and to make withdrawal payments without delays or loss in value.
- I declare that I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- If requesting a full withdrawal, I understand that my ANZ Smart Choice Super account will be closed once the withdrawal has been processed. I have considered where my future contributions will be directed, if I will lose any benefits, in particular insurance cover, incur any investment costs, or will be changing my investment risk, and whether I am eligible to obtain adequate insurance elsewhere.

Name of member

Signature of member*

Date D D M M 2 0 Y Y

* If you have provided a signature bearing identification document to us in conjunction with this request, the signatures on the signature bearing ID document and on this request need to match. If they do not match please provide a signed statutory declaration explaining the difference in the signatures.

IMPORTANT INFORMATION
ANZ SMART CHOICE SUPER WITHDRAWALS

April 2026

ELIGIBILITY TO WITHDRAW A LUMP SUM CASH PAYMENT

If you are requesting a withdrawal for any of the reasons listed in this section, please note the requirements before proceeding with your request.

Temporary Australian residents

If you are a temporary resident or have at any stage have been a temporary resident and are not a permanent resident of Australia or a citizen of Australia or New Zealand and not a holder of a Subclass 405 or 410 visa, you are only able to withdraw your preserved superannuation benefits under limited conditions of release, including: death, terminal medical condition, permanent incapacity, temporary incapacity, unclaimed money payment, and Departing Australian Superannuation Payment. Exceptions apply to individuals who have satisfied a condition of release prior to 1 April 2009. Please speak to your financial planner for more information.

Severe financial hardship

You are required to complete and submit an 'Application for Early Release of Benefits due to Severe Financial Hardship' form. Please phone Customer Services on 13 12 87 to obtain a form. Please do not complete this Withdrawal form if claiming under Severe financial hardship.

Compassionate ground

You must apply to the Australian Tax Office (ATO). Please phone the ATO on 13 10 20 for application requirements. If your application is approved, please complete this withdrawal form.

Departed temporary resident

You must apply for a Departing Australia Superannuation Payment (DASP) from the Australian Taxation Office (ATO). Please phone Customer Services or visit the ATO website at ato.gov.au/super or phone the ATO Superannuation Infoline on 13 10 20 for more information. **Please note** that we cannot send cheques overseas.

Permanent incapacity

Please phone Customer Services on 13 12 87 for claim requirements.

Death

Please phone Customer Services on 13 12 87 for claim requirements.

Terminal medical condition

Please phone Customer Services on 13 12 87 for claim requirements.

Balance less than $200

You may be able to access your super if your balance is less than $200 and:

- Your account was considered "Lost super"; or
- Your account was opened by your employer and your employment has since been terminated (not applicable for members of ANZ Smart Choice Super and Pension).

IMPORTANT INFORMATION
ANZ SMART CHOICE SUPER WITHDRAWALS

COMPLETING PROOF OF IDENTITY

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act) requires us to verify your identity before we make a payment of your super.

To verify your identity please send in original certified copies (not original documents) of the following:

A certified copy of an original primary photographic document

OR

A certified copy of an original primary non-photographic document; **AND** a certified copy of an original secondary identification document

For more information about certified copies of documents, please refer to page 9.

List of acceptable documents

Primary photographic identification type

- Current Australian Passport
- Expired Australian passport which has not been cancelled and was current within the preceding two years
- Current Australian driver's licence
- Proof of Age card issued by the Australian Government
- Current Foreign passport issued by a foreign government or the United Nations*
- A national identity card issued by a foreign government or the United Nations*
- Australian Firearms/shooting licence

Primary non-photographic identification document type

- Australian Visa
- A government issued concession card, such as a pensioner concession card, a health care card, or a senior's health care card
- Birth certificate or birth extract by an Australian state or Territory government
- Birth certificate issued by a foreign government, the UN or an agency of the UN*
- Citizenship certificate issued by the Commonwealth
- Citizenship certificate issued by a foreign government*

Secondary identification document types

- Medicare card
- A municipal council rates notice or a utility bill (such as a water, gas or electricity bill) that contains the person's name and residential address, issued in the past three months
- Current Overseas driver's license containing a photograph of the person*
- Bank Statement issued in the past three months
- Credit card
- Australian Government issued competency card
- Australian Government issued companion card
- Student ID card
- Aviation Security Identification card
- Maritime Security Identification card
- Australian Tax Office Assessment issued in the last twelve months
- Rental agreement issued in the last three months
- Professional or Trade Association card
- Department of Veteran Affairs card
- Working with Children/Teachers registration card
- Electoral Roll registration

* Please note: if a foreign document is written in a language other than English, please attach a certified copy of the translation prepared by an accredited translator, either an overseas Australian Embassy or Consulate or an approved translator listed in the National Accreditation Authority for Translators and Interpreters (NAATI) – only available within Australia.

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

CERTIFIED COPIES FOR AML KNOW YOUR CUSTOMER PURPOSES UNDER THE ANTI-MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING RULES

Certification of personal documents

All copied papers of original proof of identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so (see below). In all cases, the certification must not have taken place more than 12 months prior to when the identification and verification procedure is being undertaken.

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (for example, Justice of the Peace or Bailiff) their contact details and date. If the document has more than one page, please ensure that the certification identifies the number of pages (for example, 'I certify this document of [x] pages to be a true copy of the original').

A certified copy means a document that has been certified as a true copy of an original document by one of the following persons:

Occupations

- Chiropractor
- Dentist
- A legal practitioner, who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

Other persons

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- *Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- Bailiff
- Bank officer with two or more continuous years of service
- Building society officer with two or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with two or more years of continuous service
- *Employee of the Australian Trade Commission who is:
  a. in a country or place outside Australia
  b. authorised under paragraph 3(d) of the *Consular Fees Act 1955*
  c. exercising his or her function in that place
- *Employee of the Commonwealth who is:
  a. in a country or place outside Australia
  b. authorised under paragraph 3(c) of the *Consular Fees Act 1955*
  c. exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with two or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
  a. an officer
  b. a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with two or more years of continuous service
  c. a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
  a. the Parliament of the Commonwealth
  b. the Parliament of a State
  c. a Territory legislature
  d. a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- *Notary Public within Australia or a person authorised as Notary Public in a foreign country
- *An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licences
- Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
  a. the Commonwealth or a Commonwealth authority
  b. a State or Territory or a State or Territory authority
  c. a local government authority

  with two or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
  a. the Commonwealth or a Commonwealth authority
  b. a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy

* Denotes persons whose positions are held overseas and who are authorised to certify documents

ANZ SMART CHOICE SUPER
NOTICE OF INTENT TO CLAIM OR VARY A DEDUCTION FOR PERSONAL SUPER CONTRIBUTIONS

April 2026

Customer Services

Phone 13 12 87 (International +61 3 7051 3694)

Email smartchoice@insigniafinancial.com.au
Website hub.anzsmartchoice.au/super

Complete and sign the form if you intend to claim or vary a deduction for personal contributions and return to:

ANZ Smart Choice Super
GPO Box 5107
Sydney NSW 2001

1. MEMBER ACCOUNT NUMBER

Member number

2. MEMBER DETAILS

Date of birth D D M M Y Y Y Y

First name(s) (including middle name)

Last name

Residential address

Suburb/Town Postcode

Home phone Business phone

Mobile phone

Tax file number (TFN)

Note: You don't have to provide your TFN to us. However, if we do not have your TFN, we may not be able to accept your contributions. Providing your TFN will also assist us in correctly identifying you.

3. CONTRIBUTION DETAILS

You must complete and return this notice to us if you intend to claim a taxation deduction for part or all of your personal superannuation contributions.

Financial year ended 30 June 2 0 Y Y

My personal contributions to this Fund in the above financial year:

$

The amount of these personal contributions I will be claiming as a tax deduction:

$

Is this notice varying an earlier notice ☐ Yes ☐ No

Please note: A tax deduction for personal superannuation contributions may only be claimed by people in certain circumstances. Please refer to the Australian Taxation Office (ATO) or your tax adviser to determine if you are eligible to claim a personal tax deduction.

4. DECLARATIONS

In signing one of the declarations on this form, you should be aware that the law has changed to expand the administrative penalty provisions to include penalties for making false or misleading statements that do not result in a shortfall amount.

This may include making false or misleading statements to an entity other than the ATO if the statement is required or allowed to be made under tax law, for example, a notice of intent to deduct super contributions given to a super fund.

For more information about these penalties, refer to Superannuation and false or misleading statements which do not result in a shortfall amount at ato.gov.au

4A. DECLARATION

Intention to claim a tax deduction

Use this declaration if you have not previously lodged a notice with the Fund for these contributions.

I am lodging this notice before both of the following dates:

- the day that I lodged my income tax return for the year stated in section 3, and
- the end of the financial year after the year stated in section 3.

At the time of completing this notice:

- I intend to claim the personal contributions in section 3 above as a tax deduction.
- I am a member of Retirement Portfolio Service.
- Retirement Portfolio Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.
- I have not included these contributions in an earlier valid notice.

The information given on this form is correct and complete.

Name of member

Signature of member

Date D D M M 2 0 Y Y

or

4B. DECLARATION

Variation of previous valid deduction notice

Use this declaration if you have already lodged a valid notice with the Fund for these contributions and you wish to reduce the amount stated in that notice.

I confirm that:

- I intend to claim the personal contributions in section 3 above as a tax deduction.
- I am a member of Retirement Portfolio Service.
- Retirement Portfolio Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.
- I wish to vary my previous valid notice for these contributions by reducing the amount I advised in my previous notice.

I confirm that either:

- I have lodged my income tax return for the year in which the contribution was made, prior to the end of the following financial year and this variation notice is being lodged before the end of the day on which the return was lodged, or
- I have not yet lodged my income tax return for the relevant financial year and this variation notice is being lodged on or before the 30 June in the financial year following the year the contribution was made, or
- the Australian Tax Office has disallowed my claim for a deduction for the relevant year and this notice reduces the amount stated in my previous valid notice by the amount that has been disallowed.

The information given on this form is correct and complete.

Name of member

Signature of member

Date D D M M 2 0 Y Y

ANZ SMART CHOICE SUPER
INTERNATIONAL FUNDS TRANSFER GLOBAL PAYMENT

This section is only to be completed if you are arranging an international funds transfer and must be attached to the withdrawal form.

Date D D M M 2 0 Y Y

Bank account holder's name	Currency
Bank name	Swift code (Note: **Must** be provided)
Bank address	
Suburb/Town	State / Postcode
Country	
Bank account number	
Sort code (Mandatory for UK)	
Member IBAN no. (Mandatory for European countries)	
Routing number (Mandatory for USA & Canada)	
Reference/Invoice no. for Member	Total amount $
Message for Member	
Requisition by	
Team	Extension no.

OFFICE USE ONLY

Rate	Bid number
AUD $	Payment ID no.

BCE-2284 0426

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