

ClearView Roll-Over Bond Withdrawal / Rollover form

Purpose of this form

Use this form to withdraw funds from your ClearView Roll-Over Bond account or to rollover your funds to a complying super fund.

Important notes

Before your withdrawal or rollover request can be completed we are required by law to confirm your identity.

We can accept original certified identification from your listed email address on your ClearView account or via mail.

Fields marked with an asterisk (*) must be completed in order for us to action your request.

*A. Member details

Account number / (e.g. TRL / 100000)

Given name(s)

Surname

Date of birth

Contact phone number

Email address

*B. Type of payment

Full rollover to a complying super fund - please go to [section C. Rollover to a complying super fund](#)

Full withdrawal paid to a bank account - please go to [section D. Withdrawal to a bank account](#)

C. Rollover to a complying super fund (including SMSFs)

Fund details

Name of Fund

Australian Business Number (**ABN**)

Unique Super Identifier (**USI**)

Membership or account number

For SMSFs only

Account name

BSB number

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Account number

Electronic service address (ESA)

D. Withdrawal to a bank account

Before we can make a payment an **original certified copy of a bank statement** for the account we are paying to must be supplied with your withdrawal request.

Nominated bank account details

Please note, we can only make a payment into an account (or joint account) in the same name as the Roll-Over Bond account holder.

Full name of account holder (as it appears on bank account)

Name of bank

SWIFT Code / BIC (required for all overseas bank accounts)

BSB number (Australian accounts only)

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ABA Routing number (US only)

Account number

IBAN (EU, EEA and UK)

Currency of the bank account

Conditions of release

Note: In order to withdraw the funds to a bank account, you must satisfy a condition of release as set out below.

Please select one condition of release only:

- I have attained age 65
- I am withdrawing an 'unrestricted non-preserved' amount
- I am withdrawing a 'restricted non-preserved' amount and have ceased a paid employment arrangement with an employer who has contributed to my account

Date ceased employment

- I have reached my preservation age, have retired and never intend to work more than 10 hours a week

Date ceased employment

- I am age 60 to 64 and have ceased a paid employment arrangement since turning age 60

Date ceased employment

Please contact our Service Centre regarding further information that will be required for the below conditions of release:

- I am a non-resident on a temporary visa which has since expired or been cancelled and have permanently departed Australia to reside overseas
- I am withdrawing on the grounds of severe financial hardship
- I have been diagnosed with a terminal medical condition
- I have been diagnosed as permanently incapacitated
- I am withdrawing under compassionate grounds which have been approved by the ATO
- I was previously a lost member and my balance is under \$6,000.

Withdrawal / rollover checklist

For payments to bank accounts:

- Have you provided a **certified copy of your ID?**
- Have you provided a **certified copy of your bank statement** (for withdrawal to bank account only)

If you have any questions about these requirements please call the Service Centre on **132 979** or email **contactcentre@clearview.com.au**.

*E. Member declarations and signature

By signing this form:

- I declare all the details given in this form are true and correct;
- If I am rolling over my benefit to a complying super fund:
 - I discharge ClearView Life Assurance ABN 12 000 021 581 (ClearView) and its related bodies corporate, from any further liability in respect of my benefit once the rollover has been completed; and
 - I am aware that fees and charges may apply, and have all the required information about the effect this rollover may have on my benefits.
- If I have requested a withdrawal (not rollover), I have satisfied one or more of the conditions of release as set out in Section D;
- I declare that, if signing under a power of attorney, I have provided an original certified copy of the power of attorney document and the attorney's identification and I verify that, at the time of signing, I have not received notice of revocation of that power;
- I understand personal information provided will be collected, used and disclosed in accordance with the Privacy Policy available at **clearview.com.au/privacy**;
- When I provide personal information to ClearView about another person, I confirm that I am authorised to provide the information and will inform that person (unless doing so would pose a serious threat to the life or health of any individual) of the content of this form, who ClearView is and their contact details, the purposes of collection, how ClearView will use and disclose this information, the consequences if their personal information is not collected, that they can gain access to that information, and confirm that they have read the relevant Privacy Policy.
- I acknowledge and agree that if ClearView reasonably believes the signature below is genuine, ClearView is entitled to rely on that signature and will not be liable for any loss I may suffer if it is later found that signature was fraudulent; and
- I request and consent to the withdrawal and/or rollover of the benefits, as described in this form, and authorise ClearView to give effect to this withdrawal/rollover.

Signature of member

Date signed

Member full name (print clearly in block letters)

Sending your form

Please send the form to us via your email address on file or mail.

Mailing address:

ClearView

Reply Paid 4232

Sydney NSW 2001

Email address:

life@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 979**.

This document is issued by ClearView Life Assurance Limited ABN 12 000 021 581, AFSL 227682, issuer of the ClearView Roll-Over Bond.