

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. If you have provided certified identification in the last 7 years, then you don't need to do this again. If you haven't, or if it has been more than 7 years since you last provided identification, then we will request you provide us with original certified identification. We can accept original certified identification from your listed email address on your ClearView account or via mail.

We may also require a certified bank statement to be provided for some payments. See Section D for information about whether this applies to your withdrawal request.

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

*A. Member details

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

Given name(s) Surname

Date of birth Contact phone number

Email address

*B. Type of payment

<input type="checkbox"/> Withdrawal paid to a bank account	<input type="checkbox"/> Full withdrawal <input type="checkbox"/> Partial withdrawal amount \$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Gross of fees and taxes <input type="checkbox"/> Net of fees and taxes
<input type="checkbox"/> Rollover to a complying super fund	<input type="checkbox"/> Full rollover <input type="checkbox"/> Partial rollover amount \$ <input type="text"/> . <input type="text"/>	Note: If you do not make a selection your withdrawal will be processed gross of fees and taxes

C. Investment instruction (partial withdrawal or partial rollover only)

Note: If you do not make a selection for your investment instruction we will use your Money Out Choice.

Money Out Choice OR

Investment Pool	Guaranteed Cash	Total withdrawal/rollover
\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>

D. Payment details

- Deposit into my existing linked bank account
- Deposit into the following bank account

Before we can make a payment to a new account (or to a third party account), an **original certified copy of a bank statement** for the account we are paying to must be supplied with your withdrawal request (showing the BSB, account name and account number).

Nominated bank account details

Name of account holder

BSB number - Account number

Please tick this box if the payment is being directed to a third party bank account (this is a bank account that is not in your name). Please also provide original certified identification for the account holder/s of the third party bank account.

E. 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

Electronic Service Address (ESA) - (for SMSFs only)

F. Conditions of release

Note: This section is not required if you are requesting a rollover to a complying super fund.

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 Checklist

For payments to bank accounts (partial or full):

- Have you provided a **certified copy of your ID?** (required if not previously provided OR if ID on file is more than 7 years old)
- Have you provided a **certified copy of your bank statement?** (required if not previously provided, for payments to new accounts or to third party bank accounts)
- Have you provided certified ID for the account holder/s if paying to a third party bank account?

If you have any questions about these requirements please call the Service Centre on **132 977** or email **client.wealth@clearview.com.au**.

*G. 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 F;
- I declare that, if signing under a power of attorney, 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

Note: If signing under a power of attorney, please provide an original certified copy of the power of attorney document and the attorney's identification, if not previously provided to ClearView.

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 Wealth
Reply Paid 4232
Sydney NSW 2001**

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.

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