

Superannuation Withdrawal Form

Retirement Portfolio Service

| ABN 12 Locked | h Custodians Pty 1 008 508 496 AFSL 2 Bag 994 ydney NSW 2059 | | | | | | | | Pho Ema | tomer Care: one: 1800 646 706 ail: client.service@zurich.com.au bsite: onepath.com.au |
|----------------------|--|--|--------------------------------------|---------------|---------------|------------------------------------|-------------|-------------|------------|--|
| | avoid delays b | v checkina th | at all quest | ions have be | en answere | ed fully and | | | | |
| | appropriate us | _ | - | ions have be | en answere | a rany arra | | | | |
| Memb | er number | | | | | | | | | |
| Pleas F T S Impe | | nent Plan owment or W ss - Superann t ion uired for any p | hole of Life uation payment un | ider the Fam | ily Law Act | 1975. Please co ked Bag 994, No | | | | requirements. |
| 1. / | Member de | etails | | | | | | | | |
| Title | Mr | Mrs | Ms | Miss | Dr | Other | | | | |
| Surnai | me | | | Giv | en name(s) | | | | | |
| Reside | ntial address (tl | nis cannot be | a PO Box) | | | | | State | | Postcode |
| Phone | <u> </u> | Home | | | | Business | | | | |
| | | Mobile | | | | Email | | | | |
| Occup | ation | | | | | Date of birth | / | / | | |
| Primar | y citizenship | | | | | Secondary cit | izenship | | | |
| Did yo | ur employer co | ntribute to y | our accoun | t? Yes | - Go to sec | tion 2 | No - go t | o section 3 | | |
| (| Personal S | | | r to comp | olete if e | employer c | ontribu | | | |
| | of Fund | | | | | | | Phone (off | ice nours |) |
| | yee's name | ammon como | nt of convice | . / | | | | | | |
| | yee's date of co | | / / | . / | / | e of terminatio | n of convi | ce / | / | |
| | | • | / | lamant fram | | | No | Le / | / | |
| | Employee to be indicate the pe | - | | | tne runa? | Yes |] NO | | | |
| | • | | | • | Do o Doth Dri | % | a this for | | | |
| | | | | remitted to C | nerath pri | or to forwardin | ig this for | m. | | |
| Signa | ture of authori | ised signato | ſ y | | | | | | | |
| X | | | | | | Date | / / | | | |
| (Comp | any Seal, if app | olicable) | | | | | | | | |
| Name | and position of | f signatory | | | | | | | | |

The Trustee of the Retirement Portfolio Service (ABN 61 808 189 263, RSE R1000986) is OnePath Custodians Pty Limited (OPC) (ABN 12 008 508 496 AFSL 238346 RSE L0000673).

OPC is the issuer of this product and is a member of the Insignia Financial Group of Companies comprising Insignia Financial Ltd (formerly known as IOOF Holdings Ltd) ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group).

Zurich Australia Limited (Zurich, OnePath) ABN 92 000 010 195 AFSL 232510 is a company within the Zurich Financial Services Australia Group of companies comprising Zurich

Zurich Australia Limited (Zurich, OnePath) ABN 92 000 010 195 AFSL 232510 is a company within the Zurich Financial Services Australia Group of companies comprising Zurich Financial Services Australia Limited ABN 11 008 423 372 and its related bodies corporate. OPC has appointed OnePath to act as administrator of the product.

| 3. Rollover details – Com | plete ALL rollove | rs | | | | | |
|--|----------------------------------|------------------|------------------|----------------|-------------------------|-----------------|---------------|
| Please note that the amounts rolled | over may be subject to fe | es and charge | es. | | | | |
| Total Rollover If Partial I | Rollover, please state the | amount \$ | | | | | |
| Name of Rollover Institution | | | | | | | |
| USI of the destination fund* | | | | | | | |
| Australian Business No. (ABN)* | - | - | _ | | | | |
| Contact name (if known) | | | | | | | |
| Member/Reference number | | | | | | | |
| Address of receiving Rollover Institut | ion | | | Stat | e | Postcode | |
| Contact number of receiving Rollove | r Institution | | | | | | |
| Home | | Business | | | | | |
| Mobile | | Email | | | | | |
| *IMPORTANT: Please contact the nominated s | uperannuation fund for their U | SI and ABN. We | will not be able | to process yo | ur withdrawal request v | vithout it. | |
| 4. Lump sum payment d | etails | | | | | | |
| Before tax After tax | | | | | | | |
| For superannuation payments, your l | benefit may be preserved | d and if so can | only be take | en as a lum | p sum upon your r | etirement on | or after your |
| preservation age, attaining age 65 or of the Fund. Any preserved benefit w withdrawn may be subject to fees an | vill be kept in the Fund ur | nless you advi | | | | | |
| Total Lump sum Payment* | Partial Lump sum Pay | yment* - If Pa | rtial, please s | state amou | nt \$ | | |
| Are you a permanent resident or or have never held a temporary r | | | | any time, of | f a Retirement Visa | (Subclass 405 | or 410) |
| Yes - please continue to comp | plete this section | | | | | | |
| No - please refer to the 'Impo if applicable . | rtant information' page - ' | Temporary A | ustralian resi | dents' and | complete the rema | inder of this s | ection |
| Please tick one of the following: | | | | | | | |
| I have reached my preservation a | ige and have permanentl | ly retired from | the workfor | ce. | | | |
| I am aged 60 years or more and h | nave ceased an arrangem | ent of gainful | l employmer | nt since atta | aining age 60 years | •• | |
| I am aged 65 years or more. | | | | | | | |
| The amount to be withdrawn is u | unrestricted non-preserve | ed. | | | | | |
| OR | | | | | | | |
| Other*- for the conditions listed belo | w, please refer to the 'Imp | oortant inform | nation' page ' | Eligibility to | o withdraw a lump | sum cash pay | /ment'. |
| Compassionate grounds | Departed tempora | ary resident | Pern | nanent inca | apacity | | |
| Severe financial hardship | Terminal medical of | condition | Bala | nces under | \$200 | | |
| *Do not use this form for withdrawals relating | to death claims or the Family La | aw Act 1975. Pho | ne Customer Ca | re on 1800 64 | 6 706 for requirements. | | |
| I hereby declare that the above states | ments in section 5 are tru | e and correct. | | | | | |
| Member' signature | | | | | | | |
| X | | | | | | | |
| <i>r</i> | | Date | / | / | | | |
| 5. Withdrawal instruction | ns | | | | | | |
| Fund name | Amoun | nt \$ | | | | Amount | % |
| Total | \$ | | | | | 100% | |

In full withdrawal write 'Balance' in Total.

deduction for personal contributions made Do you intend to claim a tax deduction on personal contributions made during the financial year? Yes - Please contact Customer Care for a Notice of Intent to Claim a Tax Deduction Form. The form must be lodged prior to your withdrawal application being processed. No - Please proceed to the following section. 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. Direct credit facility Where you meet a condition of release, lump sum payments may be credited directly into your financial institution account. Note: Please allow up to five days for clearance. Name of financial institution Account name BSB number Account number Tax file number (TFN) notification If a TFN is not provided to us, you may incur additional tax on your withdrawal. Also, if we do not have your TFN and you make contributions in

Tax questionnaire - This section must be completed if you are eligible and wish to claim a tax

Collection of Tax File Numbers

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 the Trustee or a third party engaged by either the Trustee or a related party of the Trustee to provide superannuation administration services ("third party administrator") relating to this product:

- · The Trustee and the third party administrator are authorised to collect your TFN under the Taxation and Superannuation Laws.
- If you do provide your TFN to the Trustee 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 the Trustee 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.
- The Trustee and the third party administrator will not pass your TFN to any other superannuation fund if you tell the Trustee or the third party administrator in writing that you do not want them to pass it on.
- The Trustee 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 the Trustee or the third party administrator your TFN, either now or later:

the future some contributions may be rejected or taxed at the top marginal tax rate, plus Medicare levy.

- 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 the Trustee 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 relevant law.

9. Declaration and signature

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 in full satisfaction of my benefits under the Policy and/or the Fund, OnePath Custodians will have fully discharged their obligations under the Trust Deed governing the Fund and the Policy, 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 Tax Office.

By signing this form, I also confirm that I:

- consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in OnePath Custodians' Privacy Policy which is available at onepath.com.au/superandinvestments/privacy-policy. If I have provided information (including health and other sensitive information) about another person in this application (for example a beneficiary), I declare that I have the consent of that person to do so. I understand that OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by OnePath Custodians.
- consent to OnePath Custodians, any third party engaged by OnePath Custodians or any third party engaged by a related party of OnePath Custodians to provide administration services relating to this product, using and sharing my Tax File Number with authorised recipients and approved recipients to provide services and products to me.
- consent to OnePath Custodians and their related group companies using my personal information to send me information about their financial products and services from time to time. I also consent to OnePath Custodians disclosing my personal information to their related bodies corporate and organisations with whom they have an arrangement or alliance to share information for marketing purposes. I understand this is to enable those organisations to send me information on their products or services. I also understand that if I do not want OnePath Custodians to use and disclose my personal information in this way I must contact Customer Care to withdraw my consent.
- authorise my nominated financial adviser to receive and access my personal information (including health and other sensitive information) for the purposes of managing my investment and to conduct such transactions as I authorise. Where there is any change relating to my financial adviser, I will notify you of the change in writing.

| Signature of member (sign clearly) | Date (dd/mm/yyyy) | | | |
|------------------------------------|-------------------|--|--|--|
| X | / / | | | |

IMPORTANT INFORMATION

Eligibility to withdraw a lump sum 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.

Severe financial hardship:

You are required to complete and attach a 'Superannuation Severe Financial Hardship' application form, which is available from one path.com.au or by contacting us on 1800 646 706.

Compassionate grounds:

You must apply for specified compassionate grounds with the Australian Taxation Office (ATO). Please phone the ATO on 13 10 20 for application requirements. If your application is approved, please include the original or certified copy of the ATO letter with 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 Care or visit the ATO website at 'ato.gov.au/super' or phone the ATO Superannuation Info line on 13 10 20 for more information.

Permanent incapacity:

You are required to complete an 'Application for Early Release of Superannuation Benefits on Grounds of Permanent Incapacity' form available from Customer Care and meeting a condition of release on the grounds of Permanent Incapacity as defined by the Superannuation Industry Supervision (SIS) Act.

Death:

Please phone Customer Care on 1800 646 706 for claim requirements.

Family Law Act 1975:

Please phone Customer Care on 1800 646 706 for claim requirements.

Terminal medical condition:

Please phone Customer Care on 1800 646 706 for claim requirements.

Personal super members only

Temporary Australian residents

If you are not either a permanent resident or citizen of Australia or New Zealand or a holder of a Subclass 405 (Investor Retirement) visa and Subclass 410 (Retirement) visa, please note that:

• from 1 April 2009, an individual who has, at any stage, been a temporary resident and is not a permanent resident of Australia or is not a citizen of Australia or New Zealand and is not a holder of a Subclass 405 (Investor Retirement) visa and Subclass 410 (Retirement) visa, is only able to withdraw their preserved superannuation benefits under limited conditions of release, including: death, terminal medical condition, permanent incapacity, temporary incapacity, unclaimed money payment, and departed temporary resident. Exceptions apply to individuals who have satisfied a condition of release prior to 1 April 2009. Please speak to your financial adviser for more information.

Contribution splitting

If you have requested a full withdrawal and are also applying for a contribution split, a Contribution Splitting form needs to be completed and attached to this withdrawal form. Please contact Customer Care to request a Contribution Splitting form.

Identification requirements

If you are requesting a lump sum withdrawal, you are required to provide evidence of your identity to us. Please refer to the 'Know your customer - identification requirements' section of this form for further information.

KNOW YOUR CUSTOMER - IDENTIFICATION REQUIREMENTS

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to identify you and verify your identity before we make a payment of your super.

The information outlined below relates to individuals and sole traders only.

Individuals/Sole Traders

You can do one of two things to provide evidence of client identity verification to us:

Financial Advisers only - complete the Customer Identification Process which verifies you have collected sufficient identification from your client. Please note, you are not required to send in originals or copies of identification if you use this process.

OR

Individuals not using the services of a financial adviser - send in original certified copies* (not original documents) of the following: one or more ID from Part I, or two forms of ID from Part II.

Part I – Primary Identification documents

One of:

- Australian State/Territory photographic driver's licence or learner's permit
- Australian Passport (current or one that has expired within the past two years)
- Foreign Passport*

- Australian State/Territory Government issued Proof of Age Card
- Foreign Government issued National Identification Card*
- Australian Firearms/Shooting Licence
- · Australian Explosives Licence

OR

Part II - Secondary Identification documents

Two of:

- Birth certificate, birth card, birth extract issued by an Australian State or Territory, or Foreign Government*
- Australian Medicare card or Foreign driver's licence*
- Australian or Foreign citizenship certificate*
- Australian Government card or notice issued by Centrelink to concession holder. Includes any ONE of:
 - DHS Commonwealth Seniors Health Card or Health Care Card
 - DHS or DVA Pensioner Concession Card
 - Benefits Notice (less than 12 months old)
- Australian ImmiCard. Includes any ONE of:
 - Evidence of Immigration Status (EIS) ImmiCard
 - Permanent Resident Evidence (PRE) ImmiCard
 - Residence Determination ImmiCard (RDI)

- Australian School attendance letter/notice issued by principal to person under 18, recording residential address and period of attendance (less than 3 months old)
- Australian Tax Office (ATO) assessment notice (less than 12 months old) with name, residential address and recording debt payable by/refund due to the person
- Notice issued by an approved Australian aged care facility (less than 12 months old) with name and residential address
- Letter issued by the Australian Electoral Commission (less than 3 months old) with name and residential address

^{*}If the identification document is written in a language other than English, the customer must provide a translation into English by a translator who is accredited by the National Accreditation Authority for Translators and Interpreters.

Certified Copies

Certified copies of documents for verification purposes is acceptable provided that they have been certified by persons authorised to certify documents. In all cases, the certification must not have taken place more than 3 months prior to when the identification and verification procedure is being undertaken.

The following is a list of persons authorised to certify a copy:

| Certifier | Position Held in Australia | Position Held Overseas |
|--|----------------------------|---------------------------|
| A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described) | ~ | |
| Judge of a court | V | |
| Magistrate | V | |
| Chief executive officer of a Commonwealth court | V | |
| Registrar or deputy registrar of a court | ~ | |
| Justice of the Peace | ~ | |
| Notary Public | ~ | ~ |
| Police Officer | V | |
| Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public | ✓ | |
| Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office providing postal services to the public | ~ | |
| Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) | ~ | ~ |
| Officer with 2 or more continuous years' service with one or more Australian financial institutions (for the purposes of the Statutory Declaration Regulations 2018) | ~ | |
| Finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations) 2018 | ~ | |
| Officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees | ~ | |
| Member of Chartered Accountants Australia and New Zealand, CPA Australia or the Institute of Public Accountants | ~ | |
| Pharmacist | V | |
| A person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents | | ~ |
| Employee of the Australian Trade and Investment Commission who is: | | |
| in a country or place outside Australia; and | | |
| authorised under paragraph 3(d) of the Consular Fees Act 1955; and | | |
| exercising his or her function in that place | | |

Note: The person who is authorised to certify documents must make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, contact details, qualification (e.g. Justice of the Peace, Australia Post employee, etc.) and date.