



## Request to wind up fund

### 1. Fund details

superannuation fund name	<input type="text"/>
fund account number	<input type="text"/>

### 2. Member details

title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other <input type="text"/>		
first name(s)	<input type="text"/>						
last name	<input type="text"/>						
address	<input type="text"/>						
suburb	<input type="text"/>			state	<input type="text"/>	postcode	<input type="text"/>
date of birth	<input type="text"/>			Photo ID provided	<input type="checkbox"/>		

### 3. Payment instructions

<b>Are member benefits to be:</b>	a) Rolled over to another superannuation fund	<input type="checkbox"/>	(Complete section 4)
(Please tick)	b) Paid out to member as lump sum	<input type="checkbox"/>	(Complete section 5)

### 4. New superannuation fund details

name of rollover fund	<input type="text"/>						
mailing address	<input type="text"/>						
suburb	<input type="text"/>			state	<input type="text"/>	postcode	<input type="text"/>
ABN of fund	<input type="text"/>			Compliance letter attached	<input type="checkbox"/>		
Unique Superannuation Identifier (USI) (if known)	<input type="text"/>						
direct deposit details	bank name	<input type="text"/>					
	account name	<input type="text"/>					
	BSB number	<input type="text"/>		account number	<input type="text"/>		

## 5. Lump sum paid to member

direct deposit details	bank name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	account name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	BSB number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 5a. Eligibility for withdrawal

ETSL is obliged to ensure that a 'condition of release' has been met in order to pay a superannuation benefit. This means we may require additional information from you in order to make a payment.

**I am eligible to receive a benefit because (please select one of the following reasons for withdrawal):**

<input type="checkbox"/>	I have reached the age of 65.
<input type="checkbox"/>	I am withdrawing an unrestricted non-preserved amount.
<input type="checkbox"/>	I am withdrawing an restricted non-preserved amount and have left an employer who was contributing to my superannuation.
<input type="checkbox"/>	I am transferring/rolling over to another super fund. Please provide the details in section 4 of the institution(s) to which you are rolling your money and a letter from the fund stating it is complying.
<input type="checkbox"/>	I retired after age 60. This means you have ceased employment and have no intention of becoming gainfully employed in the future for 10 hours or more per week.
<input type="checkbox"/>	I am withdrawing on compassionate grounds. Please attach letter of approval from APRA.
<input type="checkbox"/>	I am permanently incapacitated/disabled. Please attach relevant documents available from your adviser or Account Manager.
<input type="checkbox"/>	I am withdrawing on the grounds of financial hardship. Please attach Centrelink letter confirming receipt of payment as well as relevant documents available from your adviser or Account Manager.
<input type="checkbox"/>	I am terminally ill Please include two doctor certificates (one from a specialist) confirming that you suffer from an illness or injury that is likely to result in death within 24 months.

## 6. Redemption/in-specie transfer of assets

Instructions for fund assets:

<input type="checkbox"/> sell all assets	<input type="checkbox"/> transfer all assets	<input type="checkbox"/> sell the following assets:	<input type="checkbox"/> transfer the following assets:
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asset name	number of units
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 7. New registration details

The address below will be the registered address used for all fund assets. This information is used to transfer your fund's assets and must be completed.

name																								
designation																								
address																								
suburb													state			postcode								

**Note: Designation is the Fund name. For example, ABC Pty Limited <My Family Super Fund>**

If CHESS sponsored, please provide

PID number																								
HIN																								
broker name																								

If not CHESS sponsored, will be issuer sponsored

## 8. Insurance

<b>Policy 1:</b>																								
policy owner																								
policy number																								
insurance company																								

<b>Policy 2:</b>																								
policy owner																								
policy number																								
insurance company																								

<b>Do you wish to:</b>	a) cancel the above policy	<input type="checkbox"/>	b) transfer the ownership	<input type="checkbox"/>	(Complete the following)																			
name of new owner																								
address of new owner																								
suburb													state			postcode								

## 9. Personal contributions made during the current financial year

Have you made any personal contributions into your fund during the current financial year?

If yes, please confirm the amount you wish to claim as deductible contribution by completing the attached Section 290-170 Notice.

## 10. Member/trustee instruction

I instruct ETSL to commence the wind up of my fund as detailed in this form (all fund members must sign below):

<b>Member 1:</b> name in full	<input type="text"/>	signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Member 2:</b> name in full	<input type="text"/>	signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Member 3:</b> name in full	<input type="text"/>	signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Member 4:</b> name in full	<input type="text"/>	signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>