

## Request to wind up fund

### 1. Fund details

superannuation fund name																				
fund account number																				

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

## 5. Lump sum paid to member

direct deposit details	bank name																																
	account name																																
	BSB number									account number																							

### 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):**

- I have reached the age of 65.
- I am withdrawing an unrestricted non-preserved amount.
- I am withdrawing an restricted non-preserved amount and have left an employer who was contributing to my superannuation.
- 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.
- 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.
- I am withdrawing on compassionate grounds.  
Please attach letter of approval from APRA.
- I am permanently incapacitated/disabled.  
Please attach relevant documents available from your adviser or Account Manager.
- 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.
- 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:

sell all assets   
  transfer all assets   
  sell the following assets:   
  transfer the following assets:

asset name	number of units

### 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							

