



Income Stream Withdrawal

Use this form to make a lump sum withdrawal from your Income Stream or roll your Income Stream into Division 5 or another super account

1. Your details

Title: Mr Ms Mrs Other _____ Date of birth: ____/____/____

Given names:

Surname:

Residential address (required):

Suburb: _____ State: _____ Postcode: _____

Postal address (if different):

Suburb: _____ State: _____ Postcode: _____

Daytime phone number _____ Mobile number (if different to daytime number) _____

Email address:

Secondary email address:

Membership number:

Your residency status

Are you an Australian or New Zealand citizen or Australian permanent resident? Yes No

Are you receiving a...

Retirement Income Pension

Transition to Retirement Income Pension

2. Withdraw a cash lump sum

How much do you wish to take as a cash lump sum?

\$ _____ net of tax

or

Maximum amount permitted (Transition to Retirement Pensions only)

Remember!

You must provide certified copies of your ID documents to receive a payment. This could be your drivers licence or passport. See our website for Proof of ID information.

3. Withdraw a cash lump sum - your investment choice

Your payment will be taken from your account proportionally across your different investment options (where you have more than one investment option), unless you indicate your preferred investment options.

Make my withdrawal from these investments:

_____	% from High Growth
_____	% from Balanced Growth
_____	% from Conservative Growth
_____	% from Cash
100	% Total

4. Update your bank details

Retain these bank details and ID for future use

I have provided my bank account details and certified ID within the last 12 months.

or

My BSB _____ - _____

My account number _____

My account name _____

An account in your name or a joint account where you are one of the account holders

5. Rollover/Commutation to Division 5

How much do you wish to rollover?

\$ _____

or

100% of my benefit

Rollover account

My existing Division 5 account. Number: _____

or

Please open a new Division 5 account for me

or

Rollover to another super fund
Provide details over the page

Note

If you roll your benefit to a Division 5 account, it will be invested in the default investment option, Balanced Growth, unless you make an investment choice.

You can make your investment choice on the next page.

5. Rollover/Commutation to Division 5 (continued)

Investment choice

Invest my Division 5 account balance: _____ % in High Growth
 _____ % in Balanced Growth
 _____ % in Conservative Growth
 _____ % in Cash
100 % Total

If you wish to roll to another super fund, please provide the details below:

Fund (or policy) name:

Fund ABN number:

Fund Unique Superannuation Identifier (USI) number or Electronic Service Address (ESA) for SMSFs only:


This fund is a Self Managed Super Fund (SMSF)

Name of financial institution:

BSB:

Account Number:

Account name:



If rolling your super to a Self Managed Super Fund, you must provide a copy of your SMSF's bank statement

Approximate account balance: \$ _____

Fund postal address:

Fund phone number:

Member number:

Name of the last employer who contributed to this fund:

Date ceased employment with that employer:

6. Preservation declaration Transition to Retirement members only

The preserved portion of pensions cannot be paid until you reach one of the age and employment conditions below. Your payment will be deducted from your unrestricted non-preserved component.

I am at least:

- at my preservation age (see table right)
- 60 years of age and I have ceased employment since reaching age 60
- 65 years of age

Preservation age	
Date of birth	Preservation age
Before 1/07/1960	55
1/07/1960 - 30/06/1961	56
1/07/1961 - 30/06/1962	57
1/07/1962 - 30/06/1963	58
1/07/1963 - 30/06/1964	59
After 30/06/1964	60

7. Sign the form

By signing this form, I confirm that I:

- have read understood this form
- understand my payment cannot be made unless the required documents are provided
- understand that I must keep a copy of this form for 5 years from the date below under ATO regulations.

Signature: _____ Date: ____ / ____ / ____

Lodge your form

If no proof of ID documents required:
electricsuper@mercerc.com

or

If proof of ID documents are required:
ElectricSuper
GPO Box 4303
Melbourne Vic 3001

Your privacy

Refer to www.electricsuper.au/privacypolicy for information on how your provided information is used and how we treat your privacy.

Queries

1300 307 844
www.electricsuper.au

Issued by Electricity Industry Superannuation Board ABN 57 923 283 236 as Trustee of the Electricity Industry Superannuation Scheme.

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