

Benefit Payment & Rollover Request

Important Information

How to claim a benefit

To claim a benefit you will need to complete the attached Benefit Payment Request form and return it to LESF together with the appropriate identification (refer to *Completing Proof of Identity* section). Please read the following information to assist you with completing this form.

Preservation Components

Your superannuation benefits are classified into three components: preserved, restricted non-preserved, and unrestricted non-preserved. These components determine when they may be paid to you.

Unrestricted non-preserved

These are benefits that have previously satisfied a condition of release and are payable at any time.

Restricted non-preserved

Restricted non-preserved benefits are benefits that will become unrestricted non-preserved when you cease working for your current employer.

Preserved

Preserved benefits must be retained within the superannuation environment until you satisfy one of the following conditions of release.

You are deemed permanently retired if:

- You are aged 65 and over; or
- You are between the age of 60 and 65 and have ceased employment after reaching age 60; or (please note:
 - You can only access the benefit accumulated up to the date you ceased employment
 - If you re-commence employment with another employer, the contributions generated from that employment remain preserved unless you meet another Condition of Release)
- You have reached preservation age (see below), ceased employment and do not intend to work 10 hours or more per week.

Preservation Age is defined as the age a member of a superannuation fund may access their preserved portion of their benefit.

Your preservation age depends on your date of birth:

<i>Date of Birth</i>	<i>Preservation Age</i>
Before 1 July 1960	55
Between 1 July 1960 and 30 June 1961	56
Between 1 July 1961 and 30 June 1962	57
Between 1 July 1962 and 30 June 1963	58
Between 1 July 1963 and 30 June 1964	59
Born after 30 June 1964	60

Taxation implications on a withdrawal

A lump sum withdrawal from LESF will be treated as a superannuation benefit payment. A superannuation benefit may be rolled over to another superannuation fund, rollover or pension fund.

For further information on the tax implications of a withdrawal, please refer to The LESF PDS Additional Information Guide available at <http://www.lesf.com.au> under the Publications section.

The Australian taxation system is complex and it is recommended that you speak with your financial or tax adviser for further information about how tax may apply with respect to your personal circumstances.

Withdrawal Process

LESF calculates unit prices weekly.

When you request to withdraw your benefit, your request will be calculated using the next available unit price.

Conditions of Release

In order to access your Preserved or Restricted non-Preserved components you must first meet one of the conditions of release;

Retirement

Upon permanent retirement from the workforce and after reaching your Preservation Age, your retirement benefit will be your full account balance (less fees and tax).

Permanent Incapacity

Permanent Incapacity benefit is payable if, after considering relevant evidence, including medical reports, you are determined to be physically or mentally incapacitated to such an extent that you are unlikely to ever be able to work for reward again in any occupation or work for which you would be reasonably qualified by education, training or experience. You will be advised of any additional requirements upon receipt of this form.

Terminal Illness

Terminal Illness benefit is payable where two registered medical practitioners (with at least one being a specialist practicing in the area related to the illness or injury) have certified that you suffer an illness or injury that is likely to result in death within a 24 month period. For more details, please contact the administrator.

Specified Compassionate Grounds

The release of benefits on specified grounds will be assessed by the Department of Human Services (DHS) against strict criteria. An application form has to be submitted to DHS if approved by DHS, the request is then referred to LESF to release your benefit. For more details, please contact the administrator.

Financial Hardship

This benefit may be available to members who are in severe financial hardship and are on Commonwealth Income Support payments and have been for more than 26 continuous weeks. For more details, please contact the administrator.

Temporary Residents

If you are a temporary resident and are leaving Australia permanently you may be able to claim your superannuation. For more details, please contact the administrator.

Your Tax File Number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, LESF is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The Trustee may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request us in writing that your TFN not be disclosed.

It is not an offence not to quote your TFN. However providing your TFN will have the following advantages (which may not otherwise apply):

- the fund will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Privacy

When we collect your personal information, it is securely stored and will only be used and disclosed to authorised personnel, service providers and third parties in order to:

- administer your superannuation account
- benefit payments
- direct marketing

For a copy of the Privacy Policy, visit www.lesf.com.au or contact us on 1800 359 686. Our Privacy Policy sets out how you can access information about your benefit and personal details, correct any information which is inaccurate or out-of-date and information on our privacy complaints process.

Insurance Cover

If you have any Death and TPD and/or Death Only cover, this will cease upon your exit from the fund or when your account balance is unable to meet the required premium payments, unless you indicate to 'continue' your cover below.

Completing Proof of Identity

As well as providing your residential address on this form, you must provide at least one of the following documents as proof of your identity. Failure to do so will result in your benefit payment being delayed or not processed:

- A certified photocopy of your current passport, or (if it was issued by the Commonwealth) a passport that expired less than two years ago; or
- A certified photocopy of your current driver's licence; or
- A certified photocopy of your birth certificate/citizenship certificate or Centrelink pension card AND a certified photocopy of a current rates/electricity notice or Australian Taxation Office assessment showing your current address; or A certified photocopy of a card issued to you under a law of a State or Territory for the purpose of proving your age which contains your photograph; or
- A certified photocopy of your national identity card issued by a foreign government, the United Nations or an agency of the United Nations.

If you are having difficulties meeting these identification requirements, please contact the administrator.

Benefit Payments made via Electronic Funds Transfer ('EFT')

If you require an EFT paid directly to your own personal or joint bank account (for Lump Sum Payments) or a bank account in the name of your SMSF (for a Rollover Payment), we will require you to provide certified copies of:

- A bank statement or deposit slip in either your own name, joint names or in the name of the SMSF.

Rollovers to a Self Managed Superannuation Fund

As well as providing the certified copies of your Proof of Identity, you are also required to provide a certified copy of:

- ABN number, or the ABN Notification provided to you by the ATO.
- Front page and signature page of the Trust Deed.
- A bank statement showing the account holder(s) details.

Certified Copies of Documents

All copied pages of ORIGINAL proof of identity documents need to be certified as true and correct copies. There are a range of people who are able to certify documentation, including:

- A permanent employee of Australia Post with two or more years of continuous service;
- A finance company officer with two or more years of continuous service (with one or more finance companies);
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees;
- A notary public officer;
- A police officer;
- A registrar or deputy registrar of a court;
- A Justice of the Peace;
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner;
- An Australian consular officer or an Australian diplomatic officer;
- A judge of a court;
- A magistrate; or
- A Chief Executive Officer of a Commonwealth court.

Copies of originals that are not certified by one of the above entities will not be accepted.

Should you require a full list of people who are eligible to certify documentation, please contact Member Services on 1800 359 686.

BENEFIT PAYMENT & ROLLOVER REQUEST FORM

SECTION 1 Member Details

Title: Mr Mrs Miss Ms Other: _____ Member Number: _____

Given Name(s): _____ Surname: _____

Date of Birth: ____ / ____ / ____ Email Address: _____

Main Country of Residence, if not Australia: _____

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (if different to above):

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Number: _____ Mobile Number: _____

SECTION 2 Payment Type

Please select one option only

- Full Rollover to other Fund - Please complete Section 3, Section 5 and Section 6
- Full Lump Sum Payment - Please complete Section 3, Section 4 and Section 6
- Partial Lump Sum Payment - Please complete Section 3, Section 4 and Section 6

SECTION 3 Payment Details

Please select one option only

- Full Account Balance
- Partial Withdrawal* of \$ _____

*Please note that you may nominate the above value to be drawn from one or more of your investment options by noting your preference below. If you do not nominate a preference or your instructions are unclear, the above funds will be drawn proportionally from your account.

- | | |
|---|------------------|
| <input type="checkbox"/> LESF MySuper Option | Amount \$: _____ |
| <input type="checkbox"/> Equities Option | Amount \$: _____ |
| <input type="checkbox"/> Conservative Option | Amount \$: _____ |
| <input type="checkbox"/> Cash Option | Amount \$: _____ |
| <input type="checkbox"/> High Growth Option | Amount \$: _____ |
| <input type="checkbox"/> Listed Property Option | Amount \$: _____ |

Payment Method

- Cheque made payable to myself _____
- Electronic Funds Transfer

Name of Institution: _____

Account Name: _____

Account Number: _____ BSB Number: _____

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SECTION 4 Conditions of Release

Please tick one box only

Retirement

- Reaching preservation age (refer to the 'Preservation Table' on page 1 of Important Information section), retiring from gainful employment and no intention to work again
- Reaching age 60, on or before ceasing employment. Date Ceased Employment ____ / ____ / ____
- Attaining at age 65 or over

Other conditions

- Temporary Residents Departing Australia* Specified Compassionate Grounds (DHS approved) *
- Financial Hardship * Terminal Illness*
- Permanent Incapacity * I have terminated gainful employment with a standard employer-sponsor and have an account balance of less than \$200

* Additional documentation will be required. Please refer to Important Information section and contact the Member Services Team on 1800 359 686 for more details.

SECTION 5 Rollover / Transferring Your Benefit

Complete the below details about the receiving Fund

Name of receiving Fund: _____

Your Member Number in the receiving Fund: _____

Receiving Fund's Australian Business Number (ABN): _____

Receiving Fund's Unique Superannuation Identifier Number (USI): _____

Receiving Fund's Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Note: Insurance Cover

1. Your insurance cover will be retained provided you have sufficient funds in your LESF account to meet the insurance premiums.
2. A full withdrawal of your LESF benefits will cancel your existing insurance cover. The 'Exit Statement' will provide further details on your insurance cover at that time.
3. A partial withdrawal will not affect your existing insurance cover provided you have sufficient funds in your LESF account to meet the insurance premiums.
4. Should you wish to vary your existing cover, please refer to the LESF PDS Insurance Guide for further details, available at <http://www.lesf.com.au>.

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SECTION 6 Member Declaration

Please tick one of the statements:

- I am an Australian Citizen, New Zealand citizen or permanent resident of Australia OR
- I am a temporary resident leaving Australia

Please confirm;

- I have provided a certified copy of my identification (You must attach certified documentation, Refer to 'Completing Proof of Identity' and 'Certified copies of documents' section for more information)

My Tax File Number: _____

Before you provide your Tax File Number, please read 'Your Tax File Number' within the important information section.

I declare that:

- The information provided on this form is true and correct;
- I consent to the collection and disclosure of my personal information for the purpose outlined on the Privacy Act 1998;
- I have read and understood the important information provided with this form;
- If this form is signed under Power of Attorney, the Attorney, declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this application unless it has already been provided); and
- I authorise the administrator to pay my benefit in accordance with the instruction provided above.

Member's Signature: _____

Date: ____ / ____ / ____

Please return the completed Benefit Payment Request to:

LESF Super, PO Box 1282, Albury NSW 2640

If you have any questions regarding this form or your membership, please contact Member Services Team on 1800 359 686.

PLEASE NOTE AN INCOMPLETE BENEFIT PAYMENT REQUEST FORM WILL RESULT IN PAYMENT DELAYS

Office Use Only - Administration Checklist:

- All Supporting Documents attached

Reference: _____

Process / Effective Date: _____

Administrator: _____

Authorised By: _____