

31 March 2025

## Withdrawal Form

This form serves as your instruction to us on how to deal with your benefit. We recommend that you consult your licensed financial adviser to assist you in your decision making.

**Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.**

### Step 1: Member details

Account type	<input type="checkbox"/> Shadforth Portfolio Service – Super	<input type="checkbox"/> Shadforth Portfolio Service – Pension
Account number	<input type="text"/>	
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname <input type="text"/>
Given name(s)	<input type="text"/>	
Email address	<input type="text"/>	

### Step 2: Withdrawal instructions

#### Withdrawal type

- ☐ Rollover
- ☐ Lump sum payment
- ☐ Pension payment (Pension accounts only)

#### Please note:

- For Pension account holders, all benefits paid in addition to your regular pension payments will be treated as a lump sum withdrawal unless you specify that it be treated as a pension payment.
- Any asset sales associated with your withdrawal will be done in accordance with your existing tax optimisation method. To view and update your chosen method, please speak to your financial adviser or log in to Shadforth Portfolio Online.

#### Withdrawal/Rollover amount

- ☐ Please close my account and transfer my total benefit in accordance with my instructions

Where your account cannot be closed due to illiquid investments, product minimums as defined below, will be withheld in the account.

**OR**

- ☐ I would like to make a partial withdrawal or rollover of \$
- ☐ Net ☐ Gross (unless indicated the amount shown will be net of tax)

**Product Minimums:** Please ensure the following product minimums are maintained in the account:

- For any partial withdrawal in cash or by transfer to another super fund, you'll need to maintain at least \$6,000 plus liabilities in your account.
- For any partial transfer to another super or pension account within the Fund, you'll need to maintain at least \$10,000 plus liabilities in your account.

## Step 3: Payment of Benefit

### 3a Lump sum withdrawal

☐

Please pay the withdrawal or pension payment to my nominated financial institution

or

☐

Please pay the withdrawal or pension payment to the following financial institution below:

Name of financial institution

Account name

BSB

-

Account number

☐

I want to update my nominated financial institution with the above details for all future withdrawals & pension payments.

**Please note:**

- If bank account details are not supplied, or unclear, the payment will be paid to you by cheque and sent to the above mailing address.
- Funds cannot be credited to a third party bank account
- If you have requested a lump sum withdrawal please ensure you complete Step 4: Conditions of release.
- Ensure your details are correct as we will not be liable for mistaken payments based on incorrect details.

### 3b Rollover fund details

Fund name

ABN

-

-

-

Unique Superannuation Identifier (USI)

Account/member number

### 3c Rollover to a self managed super fund (SMSF)

Name of financial institution

SMSF account name

BSB

-

Account number

ABN

-

-

-

Electronic Service Address (ESA)

**Please note:**

- Please ensure the account number, BSB and account name are clearly visible.
- An incorrect bank account will mean we cannot complete the rollover request. The bank account must be in the name of the SMSF.

## Step 4: Conditions of release

**Not applicable for Rollovers.** You may access your member benefit if you meet one of the criteria detailed below.

- ☐ I have reached age 60 and have permanently retired and intend never to become engaged in gainful employment for more than 10 hours per week
- ☐ I am aged 60 and less than 65 and on  /  /  have ceased a gainful employment arrangement since turning age 60
- ☐ I am aged 65 or over
- ☐ My benefit is unrestricted non-preserved as I have previously met a condition of release covering this benefit
- ☐ I wish to withdraw money from my restricted non-preserved benefit (I have attached a letter from my previous employer confirming the date I ceased employment and that the employer contributed to my Shadforth Portfolio Service account on my behalf whilst I was employed)
- ☐ I have ceased employment with my last employer and my total benefit was less than \$200 at the time of termination (Shadforth Portfolio Service – Super only)
- ☐ Compassionate grounds as approved by the Australian Taxation Office (ATO) and I have attached the ATO approval letter\*
- ☐ I am permanently incapacitated (conditions apply). Please contact ClientFirst for further information.
- ☐ I have a terminal illness (conditions apply). Please contact ClientFirst for further information.

\* Please note we can also accept an emailed copy of the ATO approval letter.

## Step 5: Claiming a tax deduction for personal superannuation contributions

**Only complete this Step if you are eligible and wish to claim a personal contribution as a tax deduction in the current and/or previous financial years. If you wish to claim for both financial years you will need to complete the column for each financial year. If you do not submit a Notice of Intent to claim a tax deduction before you make a full or partial withdrawal, you may lose your ability to claim a tax deduction for some or all of your personal contributions to this super fund.**

### Warning

If you were 67 and over at the time of any personal contribution you are claiming, you must meet the work test or work test exemption for that financial year. If you do not the ATO will disallow your deduction and you will not be able to receive a full refund of contribution tax.

### Notice of intent to claim or vary a deduction for personal super contributions

Contribution(s) made in the financial year ending	30 June 20 <input type="text"/>	30 June 20 <input type="text"/>
	\$	\$
<b>Personal contributions</b> made during the financial year		
<b>Personal contributions</b> (covered by this notice) that I will be claiming as a tax deduction		
<b>Varying an earlier notice:</b> if you are reducing an earlier deduction notice please state the total deduction amount you wish to claim for the entire financial year		

**Please note:** Failure to notify us of your intention to claim a tax deduction will result in you being unable to do so once you have exited the fund. Taking a partial payment may limit the amount you can claim in the future.

## Step 6: Partial withdrawals only – specific investment options to be redeemed (optional)

If you do not select the investment options to be redeemed, your withdrawal will be processed using the available cash in the Cash Account. If there is insufficient available cash, your investments will be redeemed on the basis of your existing nominated Cash Account top-up method.

If you would like to provide specific instructions, please select one of the following options:

- Proportionally across managed investments and cash ☐ Please go to **Step 7**
- From specific investment options ☐ Please complete the below table.

Investment fund name	Amount (Minimum \$500 per listed investment)
<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"/>

## Step 7: Proof of Identity

**This step is only required if you have not previously supplied your proof of identity or your identity documents have expired.**

Please complete option 1 **OR** option 2 below as proof of identity for superannuation entitlements.

### Option 1 – Electronic verification

**Please provide details for any TWO of the following forms of identification:**

#### Driver Licence

Full name (as it appears on your Driver Licence)

First name	<input type="text"/>										
Middle name	<input type="text"/>										
Last name	<input type="text"/>										
Licence 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"/>	State of issue	<input type="text"/>
Card 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"/>		
Address (as it appears on your Licence)	<input type="text"/>										
Suburb	<input type="text"/>					State	<input type="text"/>	Postcode	<input type="text"/>		
Expiry date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>						

\* Card number is a series of numbers/letters and is separate to your driver licence number. You'll find your card number on the front or back of your card (depending on your state).

#### Medicare card

Full name (as it appears on your Medicare card)

First name	<input type="text"/>										Middle initial	<input type="text"/>
Last name	<input type="text"/>											
Card colour (please tick)	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Yellow	Medicare card 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"/>
Individual reference number (the number to the left of your name)	<input type="text"/>			Expiry date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>			

**Australian passport**

Full name (as it appears on your passport)

First name

Middle name

Last name

Passport number


**Australian visa (foreign passport holders)**

Full name (as it appears on your passport)

First name

Middle name

Last name

Passport number

										Country of issue	

By providing my proof of identity details above, I consent to its use to electronically verify my identity. I understand that my personal information will be shared with a secure external service provider in order to match my information with identification data sources.

**Option 2 – Certified copies of identification**

Please provide original certified copies of identification. Each page must be certified as a true copy. Please refer to the 'Completing proof of identity' document on our website for information on acceptable proof of identity documents and who can certify them.

In the event the certified identification I have provided cannot be used to verify my identity, I indicate below whether I authorise the Trustee to verify my identity by disclosing my name, residential address, date of birth and email address to a credit reporting agency and by confirming the authenticity of my Government issued identification with relevant Government departments. (Note: this verification process is used for identify verification purposes only, and will not result in any requests related to your credit score or similar.)

☐ Yes, I authorise the Trustee to verify my identity through GreenID, the Trustee's external secure document verification service provider as detailed above.

☐ No, I don't authorise the Trustee to verify my identity through GreenID, the Trustee's external secure document verification service provider and I understand that I will need to provide further certified identification to verify my identity.

## Step 8: Member declaration

**Important note:** The Trustee collects the information in this form in order to process your withdrawal instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at [sfg.com.au/portfolio/privacy](https://sfg.com.au/portfolio/privacy).

By signing this form I am making the following statements:

- I declare I have read this form in full and the information completed is true and correct.
- I am aware I may ask the Trustee for information about any fees or charges that may apply or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- If the fund I am transferring my benefit to is a self managed superannuation fund (SMSF), I declare that I am either a trustee of the SMSF or director of the corporate trustee of the SMSF.
- I discharge the Trustee of all further liability with respect to the benefits once paid to the fund or financial institution I am transferring to.
- I have considered the information in the applicable Product Disclosure Statement about the investment options I have selected to redeem to fund my withdrawal request.
- If I am making a full withdrawal, I understand that all investment options will be converted to cash prior to transferring out of the fund.
- Where I have chosen an investment with a long withdrawal period (or an existing investment has become illiquid) or there are delays receiving proceeds from selling my investments, I acknowledge and agree any withdrawal or transfer request may be delayed for more than 30 days.

### Proof of Identity:

- I give my consent for the Trustee to verify my identity by disclosing my name, residential address, date of birth and email address to a credit reporting agency and by confirming the authenticity of my Government issued identification with relevant Government departments.
- If my details do not match the records held on file by the Illion Credit Reporting Agency I will be notified via email by either the Trustee or VixVerify on behalf of the Trustee. VixVerify is product owner of GreenID, the Trustee's electronic verification system.
- I understand that if my identity cannot be verified electronically from the information I have provided, then I will be contacted to discuss whether manual document verification would be more effective.

**Please note:** If this form is signed under a 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 should be submitted with this form unless we have already received it). You generally cannot sign under a Power of Attorney if acting on behalf of an entity.

Member signature

Date

 /  /

### Tax Deduction Notice (if you completed step 5)

- I confirm that I am lodging this/these notice(s) before the earlier of either:
  - the day I lodged my income tax return for the year stated for the respective contribution(s), or
  - the end of the income year after the year stated for the respective contribution(s).
- I confirm at the time of completing this notice
  - I intend to claim the personal contributions stated in the deduction notice (in section 5) as a tax deduction
  - the trustee has not begun to pay a pension based in whole or part on these contributions
  - I have not included these contributions in an earlier notice
  - the fund still holds these contributions
- I understand that I may not be able to vary this notice after the withdrawal/rollover has occurred.
- I confirm that the information on this form in relation to claiming a tax deduction is true and correct.

#### If you have completed the Deduction Notice in section 5 and have already lodged a notice with the fund for these contributions

- I confirm that I intend to claim the personal contributions stated in the deduction notice in section 5 above as a tax deduction.
- I confirm I wish to vary my previous notice for these contributions by reducing the amount I advised in my previous notice. I confirm that either:
  - I have not yet lodged my income tax return for the year stated for the contribution and this variation notice is being lodged on or before 30 June of the following financial year, or
  - the ATO has disallowed my claim for a deduction for the relevant year stated for the respective contribution and this notice reduces the amount stated in my previous notice by the amount that has been disallowed.
- I confirm at the time of completing this notice:
  - the trustee has not begun to pay a pension based in whole or part on these contributions
  - the fund still holds these contributions.
- I understand that I may not be able to vary this notice after the withdrawal/rollover has occurred.
- I confirm that the information on this form in relation to claiming a tax deduction is true and correct.

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Member signature

Date

 /  / 

#### Please forward all correspondence and enquiries to

**Post:** Shadforth Portfolio Service  
GPO Box 264, Melbourne VIC 3001

**Email:** [portfolioservice@sfg.com.au](mailto:portfolioservice@sfg.com.au)

**Telephone:** 1800 931 792

**Web:** [portfolio.sfg.com.au](http://portfolio.sfg.com.au)