



## DIVISION 8 RETAINED BENEFIT WITHDRAWAL FORM

COMPLETED FORMS TO BE FAXED TO (02) 9372 6288 OR POSTED TO: QANTAS SUPERANNUATION PLAN  
LOCKED BAG A4075  
SOUTH SYDNEY NSW 1235

### ▶ Your personal details

Title (Mr Mrs Ms):  Surname:  First name(s):   
 Date of birth:  /  /  Staff/Member no:  Telephone:   
 Residential address:  State:  Postcode:

### ▶ Withdrawal instructions

**Your account balance must remain at least \$5,000.** If this withdrawal reduces your balance to less than \$5,000, you need to withdraw the entire balance of your account. To withdraw the entire balance of your account, write ALL in the appropriate amount box below. Note that the first two options below (savings account or cheque deposit) are only available for withdrawals of unrestricted non-preserved monies. Applicable tax will be deducted from the amount you nominate.

**To your account at:**  \$   
 (Bank, Building Society, Credit Union)

BSB number:

Account number:

Account name:

**By cheque to your mailing address above:** \$

**Rollover to Division 9 – Flexible Income Stream Division:** \$

Note: A Division 9 – Flexible Income Stream Application Form or Division 9 – Flexible Income Stream Additional Contributions Form must accompany this form if you choose this option

**Rollover to another fund:** \$

Fund name:  Fund contact person:

Fund address:

Phone:  Fund ABN:  Fund SPIN or Account number:

### ▶ Member Identification

Under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, the Plan is required to identify members prior to paying the member their benefit. Please ensure to provide the Plan with a certified copy of your driver's license or passport. Your benefit cannot be paid unless this is provided. For more details on who can certify your document please contact the Plan. If you do not have a passport or drivers licence and need to provide alternate forms of identification please refer to the Plan's website or call 1300 654 384.

### ▶ Declaration

- I hereby request a withdrawal from my Qantas Superannuation Plan's Division 8 – Retained Benefits account according to my instructions above, and authorise for any tax to be deducted where applicable.
- I have sought the appropriate advice to assist me with this decision. I have received no financial advice from Qantas Superannuation Limited.

Signature: \_\_\_\_\_ Date:  /  /

#### Privacy Statement

We collect information about you in order to provide you the service you have requested. We will not pass your personal details to any other party unless authorised to do so under the law or in accordance with the Plan's Privacy Policy. For more information about the Plan's Privacy Policy, the complete document is available from the website [www.qantassuper.com.au](http://www.qantassuper.com.au).