

WITHDRAWAL FORM

SECTION 5 – PROOF OF IDENTITY

You need to provide identification documentation with this transfer request to prove you are the person to whom the super entitlements belong. Select the documents you wish to supply:

I have attached a certified copy of my driver's license or passport.

OR

I have attached certified copies of both: Birth/Citizenship Certificate or Centrelink Pension Card

AND

Centrelink payment letter or government or local council notice (less than 1 year old) with your name and address

All copied pages of original proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so. The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (for example Justice of the Peace, Australia Post employee) and date.

People who can certify your identification documents include:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company (bank) officer with five 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 five 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.

SECTION 6 – DECLARATION

- The details that I have provided are true and correct.
- I am aware that I may ask my superannuation provider 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.
- I have received, read, and agree to the terms outlined in the **australianethical** Super product guide (PDS).
- I authorise **australianethical** Super to give effect to the withdrawal.

Signature

Signature

Date

Name (block letters)