

# Payment Instruction Wealth Remediation

#### We can only accept your form if it's correctly completed.

For temporary residents departing Australia permanently, use the Departing Australia Superannuation Payment (DASP) form available on **mlc.com.au** 

For withdrawals due to financial hardship, compassionate grounds, permanent disability, temporary disability or terminal illness, please contact us on **132 652**.

We respect your privacy and handle your information in accordance with our privacy policy, available on **mlc.com.au/privacy** \*mandatory fields

Section 1: Your details				
Title  Mr Mrs Miss Ms Of	ther			
First name*	Middle name			
Last name*				
Date of birth* (DD/MM/YYYY)	Email*			
Contact telephone (business hours)*  Are you an Australian Citizen?   No				
Residential address* (we can't accept a PO Box)				
Unit number Street number	Street name			
Suburb	State Postcode Country			
Your Tax File Number (TFN)*	Your temporary MLC Account Number			

Under the Superannuation Industry (Supervision) Act 1993, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. Your TFN will be used for identification purposes and will be disclosed to your other super provider, unless you request in writing that it is not disclosed. If your other super fund is unable to identify you they may request additional information.

**Trustee**NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465

Fund MLC Super Fund ABN 70 732 426 024

Fund
MLC Superannuation Fund
ABN 40 022 701 955

Section 2: Your payment details			
Please tick (/) how you will receive your refund, please select one	option only.		
Rollover payment to my super fund	Complete Section 3 and Section 7.		
Rollover payment to my Self Managed Super Fund	Complete Section 4, Section 6 and Section 7.		
Pay into my bank account*	Complete Section 5, Section 6 and Section 7.		
*Only select bank account if you are entitled to access your super (to your Pension, Insurance or Investment account.	e.g. you are retired). Please note that we cannot rollover or add		
Section 3: Rollover to a super fund			
Please provide details of your super fund so we can rollover your re Please contact your super fund if you need help with these details.			
Fund name			
Account or policy number*	Unique Superannuation Identifier* (USI) Usually found on your statement		
Super Fund Australian Business Number (ABN) (optional)			
Please go to <b>Section 7</b> to sign the declaration.			
Section 4: Rollover to a Self Managed Sup	er Fund		
The following conditions must be met for us to process your reques	st. Please tick (/) the boxes if you can confirm these conditions.		
The fund is registered as a complying Self Managed Super Fu	ind		
I'm a member of the Self Managed Super Fund where the ben	ient is being transferred		
Name of Self Managed Super Fund*			
Self Managed Super Fund – ABN* (We can't accept ACN)	ectronic Service Address (ESA)*		
To find out move about your FCA are to your yets around approx	J. T.C.A		
To find out more about your ESA, go to www.ato.gov.au and search	II ESA.		
Your Self Managed Super Fund bank details*			
Payment via bank account is mandatory, please complete the bank	k details below.		
Name of financial institution / bank			
Name of account holder: We can only transfer to an account in the	name of the Self Managed Super Fund		
Traine of account folder. The can only transfer to all account in the	name of the continuing of capor i unit.		
DCD Account number			
BSB Account number			

**IMPORTANT** information impacting your payment: The SMSF ABN and bank account details you provide MUST match the SMSF details registered with the ATO. If it does not match this will delay your payment and may require additional documentation. You can verify that your information is correct via the government's Super Fund Lookup website at www.superfundlookup.gov.au

Please go to  ${\bf Section}\, {\bf 6}$  for your proof of identity documents.

### Section 5: Pay into a bank account

#### Reason for cash withdrawal

Only one box can be ticked. If you don't meet any of these conditions, you won't be able to receive your refund as a cash withdrawal.

Please tick (/) the box for the section you're completing (only one box can be ticked).				
	I've reached age 65.			
	I'm aged 60 to 64 and have left the service of an employer since reaching the age of 60.			
	I've reached preservation (see below) age and intend never again to gainfully employed for more than 10 hours per week.	become		
		Date of birth	Preservation age	
	Preservation age	Before 1 July 1960	55	
	To access your super savings in cash, you generally need to have permanently retired from work and have reached your	1 July 1960 to 30 June 1961	56	
	preservation age.	1 July 1961 to 30 June 1962	57	
	Your preservation age is 55 if you were born before 1 July 1960.	1 July 1962 to 30 June 1963	58	
	Higher preservation ages apply if you were born after this date as in the table.	1 July 1963 to 30 June 1964	59	
		After 30 June 1964	60	
Name BSB	of financial institution / bank  of account holder(s)  Account number			
	yments Team <u>may</u> contact you to verify these bank details. go to <b>Section 6</b>			
110000				
Sect	ion 6: Proof of identity documents			
	of identity documents provide a copy of a proof of identity document. Do not send original of	documents.		
	table primary photographic ID documents e ONE of the following:			
Va	alid Australian driver's licence			
Australian passport (up to 2 years expiry acceptable)				
Va	alid Australian ID card with photo			

#### If your payment is over \$1000, you will need to have your ID certified.

Authorised persons to certify your ID include Justice of the Peace, Medical Practitioner, Police Officer and Pharmacist.

For other acceptable documents and a full list of authorised persons and certification requirements, please refer to the 'Proof of Identity Guide' on **mlc.com.au** 

Please go to **Section 7** to sign the declaration.

## Section 7: Your agreement and declaration

I declare:				
All details in this form are true and correct				
I authorise the payment as specified in this form				
that the trustee or its agents (including the Wealth Remedia	II, unless I advise otherwise, remain operative for 12 months and ation Support Centre at National Australia Bank Limited) have my diation payments that I may receive through NULIS Nominees			
Signature	If signed under Power of Attorney:			
Your name (or someone with Power of Attorney)*	Attorneys must attach a certified copy of the Power of Attorney and identification for themselves if not already supplied.  The Attorney hereby certifies that he/she hasn't received notice of any limitation or revocation of his/her Power of Attorney and is			
Signature*	also authorised to sign this form.			
X	To obtain a Power of Attorney Guide, with relevant forms to be completed for this payment to be processed, please contact our team on the details below.			
Date signed (DD/MM/YYYY)*	Power of Attorney documents will only be accepted via post. Email will not be accepted.			
To return				
Please return the completed, signed and dated form, and proof of	identity documents where required (see <b>Section 6</b> for requirements).			
Postal address (Domestic)	Postal address (International)			
National Australia Bank Wealth Remediation Support Centre Reply Paid 91839 ABBOTSFORD VIC 3067	National Australia Bank Wealth Remediation Support Centre PO BOX 362 ABBOTSFORD VIC 3067			

#### Further questions?

Phone: 1300 405 562

If you have any questions of concerns, please call our locally based team on **1300 405 562** (or +61 3 8372 8588 if calling outside Australia) between 8am and 6pm (AEST/AEDT) Monday to Friday, or email us at wealthremediation.enquiries@nab.com.au.

Australia

Phone: +61 3 8372 8588