



# 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](http://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](http://mlc.com.au/privacy)

\*mandatory fields

### Section 1: Your details

Title

Mr  Mrs  Miss  Ms  Other

First name\*

Middle name

Last name\*

Date of birth\* (DD/MM/YYYY)

Email\*

Contact telephone (business hours)\*

**Residential address\*** (we can't accept a PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Your Tax File Number (TFN) (Optional)

Your temporary MLC Account Number

You don't have to provide your TFN, and it isn't an offence if you don't. However, if you don't any withdrawals may be taxed at the highest marginal tax rate inclusive of the Medicare levy.

Your TFN is confidential, and we are authorised to collect and disclose your TFN under the Superannuation Industry (Supervision) Act 1993 and Privacy Act. We may use your TFN only for lawful reasons, in paying out money, identifying or combining superannuation benefits. Your TFN may be disclosed to the trustee of another Fund or RSA provider if your benefits are transferred, unless you request in writing for it not to be disclosed.

#### 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

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## 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 (e.g. you are retired). Please note that we cannot rollover or add to your Pension account.

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## Section 3: Rollover to a super fund

Please provide details of your super fund so we can rollover your refund. Incomplete information may delay the repayment process. 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)

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

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## Section 4: Rollover to a Self Managed Super Fund

The following conditions must be met for us to process your request. Please tick (✓) the boxes if you can confirm these conditions.

The fund is registered as a complying Self Managed Super Fund

I'm a member of the Self Managed Super Fund where the benefit is being transferred

Name of Self Managed Super Fund\*

Self Managed Super Fund – ABN\* (We can't accept ACN)

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### Your fund details

You must select one of the following payment options:

**Cheque**  We're required to mail your payment to the registered address of your Self Managed Super Fund. If you want to check the registered address, you can go to [superfundlookup.gov.au](http://superfundlookup.gov.au)

**Bank payment**  Please complete the bank 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.**

BSB

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Account number

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Please go to **Section 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 become gainfully employed for more than 10 hours per week.

### Preservation age

To access your super savings in cash, you generally need to have permanently retired from work and have reached your preservation age.

Your preservation age is 55 if you were born before 1 July 1960. Higher preservation ages apply if you were born after this date as in the table.

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
After 30 June 1964	60

### Your payment details

Please provide your bank details below. We can only transfer to an Australian bank account in your name or a joint name where you're an account holder.

Name of financial institution / bank

Name of account holder(s)

BSB

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Account number

Our Payments Team may contact you to verify these bank details.

Please go to **Section 6**

## Section 6: Proof of identity documents

### Proof of identity documents

Please provide a copy of a proof of identity document. Do not send original documents.

Acceptable primary photographic ID documents

Choose ONE of the following:

- Valid Australian driver's licence
- Australian passport (up to 2 years expiry acceptable)
- Valid 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](http://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

### Signature

Your name (or someone with Power of Attorney)\*

Signature

Date (DD/MM/YYYY)

### If signed under 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 also authorised to sign this form.

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.

Power of Attorney documents can be accepted via post or email.

### To return

Please return the completed, signed and dated form, and proof of identity documents where required (see **Section 6** for requirements).



#### Postal address (Domestic)

National Australia Bank  
Wealth Remediation Support Centre  
Reply Paid 91839  
ABBOTSFORD VIC 3067  
Phone: 1300 405 562

#### Postal address (International)

National Australia Bank  
Wealth Remediation Support Centre  
PO BOX 362  
ABBOTSFORD VIC 3067  
Australia  
Phone: +61 3 8372 8588



#### Email

Scan and email to  
wealthremediation.enquiries@nab.com.au

### Further questions?

If you have any questions or concerns, please call our NSW-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](mailto:wealthremediation.enquiries@nab.com.au).