

Withdrawal



RI Allocated Pension and Transition to Retirement Pension

To request this document in an alternative format such as Braille, call us on 13 43 72 or use our Live chat service at gesb.wa.gov.au.

This form allows you to make additional withdrawals of \$1,000 or more, roll over to another fund and/or close your account.

If you are an RI Allocated Pension member and you only want to make a partial withdrawal, please use the 'Partial payment' form, available at gesb.wa.gov.au/forms.

If you have a Transition to Retirement Pension, and you've met a condition of superannuation release, and want to access your funds, you also need to complete a '**Notification of retirement or ceasing current employment**' form available at gesb.wa.gov.au/forms. You need to do this to acknowledge that you have met the eligibility criteria for accessing your funds.

How long will it take? Section 2 Withdrawal options We aim to process your request within 10 working days after receiving your form and all necessary information. However, Select whether you are requesting full withdrawal (which closes there are circumstances where it may take us longer to process your account) or a partial withdrawal. your request. Full withdrawal (go to Section 3 - Financial institution details or Section 4 - Roll over to other fund) Section 1 Your details OR Partial withdrawal (payment will be proportioned between GESB member number your tax-free and taxable components) \$ Amount WIN No. Office Use Only For partial withdrawals only There may be some tax payable on your withdrawal. Retirement Income Pension account number Specify whether you would like your payment amount: Gross (before tax) Mrs Miss Other Mr Ms Net (after tax) Last name I am aged 60 or over and tax is not payable on my withdrawal Specify the investment plan(s) your partial withdrawal is to be Given name(s) taken from (minimum total withdrawal of \$1,000 gross): Growth plan/Growth plan TTR Date of birth Male Female \$ Sustainable Balanced plan Residential address Balanced plan/Balanced \$ plan TTR Postcode Conservative plan/ \$ Conservative plan TTR Postal address (if different from residential) \$ Cash plan/Cash plan TTR **TOTAL** \$ Postcode ΩR Email address (Section 2 continued over page) Mobile phone number Work phone number ()



partial withdrawal is to be taken from (minimum total withdrawal of \$1,000 gross): Complete this section if you wish to roll over to another \$ Cash/Cash TTR complying super fund, which can include your existing GESB Super or West State Super accounts. If you are rolling your Fixed Interest/Fixed \$ benefit into a new GESB Super account, you agree to the Interest TTR 'new GESB Super account' conditions below Australian Shares/Australian \$ Shares TTR Rolling your benefit into a new GESB International Shares/ \$ Super account International Shares TTR By completing this section and signing this form you Property/Property TTR \$ agree that: **TOTAL** You have read the 'GESB Super product \$ Information Booklet' available at gesb.wa.gov.au/ brochures and understand it contains general Section 3 Financial institution details information only and does not take into account your investment objectives, financial situation Tick appropriate option: or needs You understand your benefit will be invested in Pay my benefit electronically to the nominated personal GESB Super's default investment plan (My GESB bank account that my pension payments are currently being Super plan). To change your investment plan use an 'Investment choice' form, available at Go to section 5. gesb.wa.gov.au/forms OR If you have an existing West State Super account, Nominate an alternative personal bank account in my name GESB will not be able to open a new GESB Super account for you For security purposes provide a copy of your bank statement showing your full name, the bank's name, BSB number and If you require your super to be rolled over to more than one account number. If you are providing an internet bank statement, fund, photocopy this part of the form and complete the it must show your bank name and logo. If it doesn't, you must information below for each external fund. Include a add your signature, printed name and date to the page. Credit breakdown of the individual amounts that you would like card, mortgage accounts without a redraw facility, business or rolled over 'trading as' accounts, overseas, and third party payments are not allowed. We may be required to make a pro-rata pension payment to you prior to processing the roll over Bank/building society or credit union name If you need further information to complete this section contact your destination fund Branch address (suburb only) Name of destination fund BSB number Name of product/plan Telephone number of destination fund Account number Address of destination fund Account name Postcode Unique Superannuation Identifier (USI) of destination fund AND Membership number at destination fund

(Section 4 continued over page)

Section 4

Roll over to other fund

If you are in Mix Your plan, specify the asset class(es) your

2

OR Roll over to your Self Managed Super Fund (SMSF) Complete this option if you want to roll your benefit over to a registered SMSF. ABN of SMSF Name of SMSF Electronic Service Address (ESA) Alias of SMSF Membership number of SMSF

SMSF bank details

Contact phone number of SMSF

For security purposes, provide a copy of the SMSF bank statement showing the name of the SMSF, the bank's name and logo, BSB number and account number. If you are providing an internet bank statement, it must show your bank name and logo. If it doesn't, you must add your signature, printed name and date to the page.

Bank name			
BSB number			

Account number

Account name

Section 5 Providing

Providing proof of identity

We are required to verify your identity before you can withdraw part or all of your benefit. If we currently hold valid identification for you, we can continue to use that document to satisfy identification requirements. This assumes that the identification continues to verify your personal details.

Have you previously supplied us with valid identification?

Yes – Go to section 6.

No – to see the documentation that you need to provide, refer to the 'Proof of identity' fact sheet, available at gesb.wa.gov.au/brochures.

Section 6

Declaration and signature

I declare that:

- The information supplied on this form is true and correct
- I have read and fully understand the 'Retirement Income Pension Product Information Booklet'
- I understand this additional lump-sum withdrawal may affect the tax treatment of my pension
- I understand GESB may be required to make a pro-rata pension payment to me prior to processing my personal withdrawal
- I understand GESB does not provide personal financial advice and accepts no responsibility in relation to my request

our signature	Date			
x		/	1	
x		/	1	

Important:

Digital signatures and digitally signed forms are not accepted.

More information

- We will send you a confirmation notice upon completion of your instructions
- For more information visit gesb.wa.gov.au or call your Member Services Centre on 13 43 72

Send your completed form and original certified copies of proof of identity to:

GESB PO Box J 755 Perth WA 6842

\sim	ᄂ	_	=	1 . 1	1: -	. 1
C	n	е	С	KI	III S	ч

All sections	have	heen	complete	۵d

Your date of birth (Section 1)

If you have nominated a new bank account for your funds to be paid to, you must provide a copy of your bank statement (Section 3)

If rolling over to an SMSF, you must provide a bank statement or letter from your bank confirming account details otherwise payment will not be made

Original certified proof of identity documents (this is only required if your details have changed or if you have not previously supplied us with valid identification – see Section 5)

Certified linking document if you have changed your name (see the '**Proof of identity**' fact sheet, available at gesb.wa.gov.au/brochures)

Any additional documentation to support your request

Note: we have a privacy statement that explains how we handle private information about individuals responsibly. Our privacy statement is available on our website at gesb.wa.gov.au/privacy or can be obtained by contacting your Member Services Centre on 13 43 72.



T Member Services Centre 13 43 72

F 1800 300 067

W gesb.wa.gov.au