



# Partial payment

## RI Allocated 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 request withdrawal payments of \$1,000 or more. Partial payments must be for \$1,000 or more.**

If you request a payment from your account you must maintain a minimum balance of \$1,000 in your account. If you request a payment which would reduce the balance below this amount the request must be for the whole of the balance.

To close your account or to roll over to another complying super fund, contact your Member Services Centre on 13 43 72 for the relevant withdrawal form.

### How long will it take?

We aim to process your request within 10 working days after receiving your form and all necessary information. However, there are circumstances where it may take us longer to process your request.

### Section 1 Your details

GESB member number

WIN No. Office Use Only

RI Allocated Pension account number

Mr  Mrs  Miss  Ms  Other

Last name

Given name(s)

Date of birth  /  /

Male  Female

Residential address

 Postcode 

Postal address (if different from residential)

 Postcode 

Email address

Mobile phone number

Work phone number

### Section 2 Payment amount

Partial payment – will be proportioned between your tax-free and taxable components

Amount \$

There may be some tax payable on your withdrawal. Specify whether you would like your payment amount:

Gross (before tax)  Net (after tax)

If you do not specify if your payment is to be before or after tax, your nominated amount will be reduced by any applicable tax.

Specify the investment plan(s) your partial payment is to be taken from (minimum total withdrawal of \$1,000 gross):

- Growth plan
- Sustainable Balanced plan
- Balanced plan
- Conservative plan
- Cash plan
- TOTAL**

**OR**

If you are in Mix Your plan, specify the asset class(es) your partial withdrawal is to be taken from (minimum total withdrawal of \$1,000 gross):

- Cash
- Global Fixed Interest
- Australian Shares
- International Shares
- Property
- TOTAL**

FOR OFFICE USE ONLY



### Section 3 Benefit payment option

#### How would you like the benefit to be paid?

- Pay my benefit electronically to the nominated personal bank account that my pension payments are currently being made to.

**Please go to Section 4, no further details are required.**

**OR**

- Pay my benefit electronically into an alternative personal bank account in my name.

For security purposes, please provide a copy of your bank statement showing your full name, the bank's name, 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. Credit card, overseas, third party, mortgage accounts without a redraw facility and business account payments are not allowed.

Bank/building society or credit union name

Branch address (suburb only)

BSB number

 -   

Account number

Account name

### Section 4 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 5.
- 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](http://gesb.wa.gov.au/brochures).

### Section 5 Declaration

I hereby declare that:

- The information supplied on this form is true and correct
- I have read the '**Retirement Income Pension Product Information Booklet**' and understand the requested funds will be taken from my RI Allocated Pension account and payment made according to my instructions
- I understand this payment 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

By signing this form I agree to the above declarations in full.

Your signature

Date

#### 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](http://gesb.wa.gov.au) or call your Member Services Centre on 13 43 72.

### Section 6 Post your form to us

Post your form, and your original certified proof of identity (if necessary) to:

**GESB**  
**PO Box J 755**  
**Perth WA 6842**

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](http://gesb.wa.gov.au/privacy) or can be obtained by contacting your Member Services Centre on 13 43 72.

 **How to contact us**

**T** Member Services Centre 13 43 72  
**F** 1800 300 067  
PO Box J 755, Perth WA 6842

**W** [gesb.wa.gov.au](http://gesb.wa.gov.au)