# **Integra Super**

# **Withdrawal Form**





> INVESTMENT > INSURANCE > SUPERANNUATION

ING MasterFund ABN 53 789 980 697 RSE R1001525 ING Custodians Pty Limited ABN 12 008 508 496 AFSL 238346 RSE L0000673 347 Kent Street, Sydney NSW 2000

#### **Instructions**

Rollover – complete this page and sections 1, 3, 4, 6, 7, 8.

Cash payment – complete this page and sections 2, 3, 4, 5, 6, 7, 8.

Return this form to the following address:

Integra Super
ING Life Limited
GPO Box 5306, Sydney NSW 2001

GPO Box 5306, Sydney NSV Phone 133 665 Fax 02 923																											
Where the term 'Fund' ap						nent	it r	efer	s to 1	the	ING	Mas	terFu	nd. I	If yo	u re	quir	e fu	rthei	ass	istar	nce	com	ıple	ting	this	form,
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Phone (business)																											
Employee's name																											
Employee's date of comme	ncer	ment	of s	ervic	e																						
Date of final contribution p	aid																										
Date of termination of servi	ce																										
Signature of authorised s	ign	ator	У																								
(Common Seal, if applicable									Dat	te																	

1. Rollover																								
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f partial, please state amount red	quired \$																							
Name of rollover institution																								
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Contact name (if known)																								
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Phone (business)																								
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Signature of member (places	sian clas	rhe	vazi+h	in +h	00 h	101/l			Da	nt c														
<b>Signature of member</b> (please s	ign clea	пу	VVILI	ווו נר	ie D	iUX)				ite														

#### 3. Partial withdrawals

Please indicate which investment funds you would like this withdrawal deducted from.

Investment Fund	Amount \$	Amount %					
	\$ , ,	%					
	\$ ,						
	\$ ,						
	\$	<u> </u>					
	\$ ,	%					
Total	\$ ,	1 0 0 %					

**Note:** Where an investment fund nomination is not made, the withdrawal will be deducted in equal proportions from all investment funds applicable to your policy. Where you wish to make a withdrawal from more than five investment funds, please photocopy this page and attach to your completed application.

#### 4. Tax questionnaire

If you intend to claim a tax deduction for your personal contributions or want to vary a previous notice of intent you gave your super fund, please complete the 'Notice of intent to claim a tax deduction for super contributions or vary a previous notice' form attached.

#### 5. Direct credit facility

Cash payments can be credited directly into your financial institution account. Please provide your full details below.

**Note:** Allow up to five days for clearance (direct crediting may not be available on the full range of account types. Please check with your financial institution).

marcial institution).													
Name of financial institution													
Account holder's name													
Bank (BSB number)													
Account number													

## 6. Tax file number (TFN) notification

Please provide your TFN on page 1.

Your employer may already have provided your Tax File Number (TFN) to Integra Super. If not, we are required to tell you the following details before you provide your TFN. Your TFN is confidential and you should know the following before you decide to provide it to us:

- The Trustee is authorised to collect your TFN under the taxation and superannuation laws.
- If you do provide your TFN to us, we will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation payment you may be entitled to and providing information to the Commissioner of Taxation such as reporting details of contributions for the purposes of the government co-contribution, lost member reporting and monitoring of contributions caps.
- If you do provide your TFN to us, we may provide it to the trustee of another superannuation fund or a Retirement Savings Account (RSA) provider where the Trustee or RSA provider is to receive your transferred benefits in the future.
- We will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on.
- Your TFN will be treated as confidential.

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give us your TFN, either now or later:

- We may not be able to accept member contributions and you may be liable to pay additional tax on concessional contributions.
- You may pay more tax on your benefits than you have to (you may get this back at the end of the financial year in your income tax assessment).
- It may be difficult to locate or amalgamate your superannuation benefits in the future.
- We may not be able to accept certain personal (non-concessional contributions).
- Concessional contributions (including compulsory employer contributions) will be subject to tax at the highest marginal tax rate (currently 46.5%).
- You may pay more tax on your superannuation benefits when you withdraw than you have to (you may get this back in your income tax assessment).

The purposes for which we can use your TFN and the consequences of not providing it to us may change in the future as a result of changes to the law

### 7. Declaration and signature(s)

I declare that I am not bankrupt or insolvent under administration and that the information provided by me in this form is true and correct. I request the Trustee, ING Custodians Pty Limited (ABN 12 008 508 496, AFSL 238346, RSE L0000673) (ING Custodians) and ING Life Limited ABN 33 009 657 176 (ING Life) to act upon and give effect to the directions given by me in this notice.

I acknowledge that should I, or my estate receive a payment from ING Life in full satisfaction of my benefits under the Policy and/or the Fund, ING Custodians and ING Life will have fully discharged their obligations under the Trust Deed governing the Fund and the policy and that any payment made to or in respect of me shall be net of any lump sum tax paid, as required by law, to the Australian Taxation Office.

By signing this form, I also confirm that:

- I authorise the collection, use and disclosure of my personal information for the purpose of the management and administration of those ING Group products and services in which I have invested or for which I wish to apply as outlined in the Privacy statement in the Integra Super PDS, available at www.ing.com.au. I understand that unless I consent to the collection, use and disclosure identified in the Privacy statement, ING will not be able to process my request or to deliver the relevant ING products or services.
- I accept that ING Group may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly.
- I authorise my nominated financial adviser to receive and access my personal information for the purposes of managing my investment, conducting such transactions as I authorise and to use the InvestmentLink service and/or the account access service. Where there is any change to this authority or relating to my financial adviser, I will notify you of the change.
- If I provide my TFN, I have read and acknowledged the TFN information in section 6.

Signature of member	(please sign clearly within the box)	Date D D M M Y Y Y Y	
8. Reason for w	rithdrawal		
To help us improve our s	service standards, please indicate the	reason why you have chosen to withdraw your funds.	
Retired	Personal use	Investment performance	
Service provided	Other (please specify)		