

## Benefit Payment Form – Rolling Over or Transferring to Another Fund

This form is used when you want to transfer out some or all of your account.

Your Full Name:

Your Address:

Your Date Of Birth:

Your Member Number:

Your day time contact number:

If an employer contributed to this account, advise the date you ceased employment with that employer:

### 1. Your instructions

(more than one box may be ticked)

- I would like to rollover my entire benefit into the fund nominated in Section 2 [see Note 2]
- I would like to  rollover my preserved benefit to another fund OR  a specified amount \$
- I would like to remain in this Fund AND  I would like to stop my insurance cover [see Note 1] OR  I would like to continue my insurance cover [see Note 1]

### 2. Rollover Fund details

Rollover Fund Name:

ABN:

Rollover Fund Address:

Policy/Member Number:

If the Rollover Fund is a Self Managed Super Fund ("SMSF") please also provide the Fund's Tax File Number: (transfers to a SMSF will not be processed without a valid ABN and TFN)

### 3. Your Signature

Member's Signature:

Date:

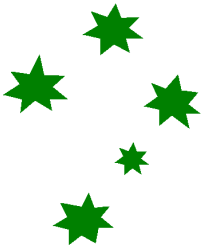
### 4. Important Notes Regarding Transfers – Proof of Identity Documentation Requirements

Where you are requesting that your benefit be transferred to another fund, in accordance with Anti Money Laundering and Counter Terrorism Financing Act 2006, you **must** supply Proof of Identity documents **before** any payment can be made. The only acceptable Proof of Identity documents are either:

- An original or certified copy of a current primary photographic identification document such as a passport or driver's license; OR
- Both of an original or certified copy of a primary non-photographic identification document such as a birth certificate, citizenship certificate or Centrelink pension or health card and an original or certified copy of a secondary identification document such as an assessment issued by the ATO to the person within the preceding 12 months that contains the name of the person and his or her residential address or a rates notice issued to the person within the preceding 3 months that contains the name of the person and his or her residential address or a Centrelink letter addressed to the person within the preceding 12 months regarding a Government assistance payment.

Where the document being provided is a certified copy, the copy **must** have **original** certification on it – it cannot be a photocopy of a document that was previously certified. Please contact our office if you would like any assistance with understanding these requirements.

Please note that we do not have any discretion over these requirements – Proof of Identification is required under the Federal Government legislation and cannot be waived or amended in any way.



## Benefit Payment Form – Cash Payments

This form is used when you want to withdraw some or all of your EmPlus account as a cash payment.  
**Please note that, generally, unless you are at least 55 years old and retired, you can only cash in your super if your account is under \$200.**

Your Full Name:

Your Address:

Your Date Of Birth:

Your Member Number:

Your day time  
contact number:

If an employer contributed to this  
account, advise the date you ceased  
employment with that employer:

### 1. Your instructions

(more than one box may be ticked)

- I would like to withdraw  my entire benefit as cash OR  a specified amount [after tax] as cash \$
- I would like to remain in this Fund AND  I would like to stop my insurance cover [see Note 1] OR  I would like to continue my insurance cover [see Note 1]

### 2. If you are eligible to take some of your benefit as cash, you must complete this section

If you want your benefit taxed at concessional rates, please provide your Tax File Number [see Note 5]:

Please provide your banking details if you would like your cash payment deposited directly into your account, otherwise we will post a cheque to you.  
**Please note that payments can not be made by EFT to an account in joint names – the account must be in the sole name of the member.**

Bank/Institution Name:

BSB Number:

Account Name:

Account Number:

### 3. Your Signature

Member's Signature:

Date:

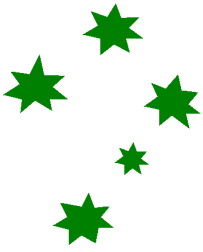
### 4. Important Notes Regarding Cash Payments – Proof of Identity Documentation Requirements

Where you are applying for some or all of your benefit to be paid as cash, in accordance with Anti Money Laundering and Counter Terrorism Financing Act 2006, you **must** supply Proof of Identity documents **before** any payment can be made. The only acceptable Proof of Identity documents are either:

- An original or certified copy of a current primary photographic identification document such as a passport or driver's license;
- OR
- Both of an original or certified copy of a primary non-photographic identification document such as a birth certificate, citizenship certificate or Centrelink pension or health card and an original or certified copy of a secondary identification document such as an assessment issued by the ATO to the person within the preceding 12 months that contains the name of the person and his or her residential address or a rates notice issued to the person within the preceding 3 months that contains the name of the person and his or her residential address or a Centrelink letter addressed to the person within the preceding 12 months regarding a Government assistance payment.

Where the document being provided is a certified copy, the copy **must** have **original** certification on it – it can not be a photocopy of a document that was previously certified. Please contact our office if you would like any assistance with understanding these requirements.

Please note that we do not have any discretion over these requirements – Proof of Identification is required under the Federal Government legislation and can not be waived or amended in any way.



## Southern Cross Super Plan

A division of the Taxi Industry Superannuation Fund

ABN 69 975 288 627

RSE Registration Number R1001402

Issued by the trustee:

**Trust Company Superannuation Services Limited**

ABN 49 006 421 638

AFS Licence No 235153

RSE Licence No L0000635

### 1. STAYING IN THIS FUND

If you wish, you can retain some or all of your account in this Fund. Please complete the relevant sections on the Benefit Payment Instructions form and return it to our office.

### 2. ROLLING OVER

If you want to rollover some or all of your account to another superannuation fund, please complete the Rollover Fund Details section of the Benefit Payment Form-Rolling Over or Transferring to Another Fund. You should also provide your Tax File Number and then sign the bottom of the form.

When we receive your completed form, we will process your benefit and send a cheque to your new fund. We will also send you confirmation that the payment has been made.

### 3. CASHING IN YOUR SUPER

Generally, unless you are at least 55 years old and retired, you can only cash in your super if your account balance is under \$200.

However, any amounts classed as unrestricted non-preserved can be cashed in regardless of the size of your account. Your Pre Payment Statement will tell you if any money is unrestricted non-preserved.

Cash payments may be subject to tax. If you are eligible to cash in some or all of your super, it is important that you provide your Tax File Number on the Benefit Payment Form – Cash Payments. Without your Tax File Number we may have to deduct tax at the highest marginal rate.

Different rules apply to non-Residents.

### 4. ACCESSING YOUR SUPER IN SPECIAL CASES

The Government may allow access to your super in special circumstances, such as *Severe Financial Hardship* or *Compassionate Grounds*.

To be considered under the Severe Financial Hardship provisions, you must have been in receipt of a specified Commonwealth income support payments [eg unemployment benefits] for a continuous period of 26 weeks, and you must still be receiving those benefits when you apply for access to your super.

Applications under Severe Financial Hardship grounds are assessed by the Trustee of your Fund. You should contact our office to request the relevant forms. Please note that the Trustee must assess each case on its own merits - approval of your claim is not automatic.

Generally, cases can be submitted on Compassionate Grounds in order to pay or meet the expense of :

- treatment and transport for you or a dependant concerning life threatening illness or injury, acute or chronic pain, or acute or chronic mental disturbance; OR
- modifying your home or motor vehicle if you or a dependant has a severe disability; OR
- palliative care for you or a dependant, or the death, funeral, or burial of a dependant; OR
- mortgage payments to prevent your lender selling your home.

Applications under Compassionate Grounds are assessed by the Government and you should contact them on 1300 131 060 to discuss your situation.

The amount paid under grounds of Severe Financial Hardship can not exceed \$10,000 [gross] in any one year. Amounts paid under item 4 of Compassionate Grounds can not exceed the sum of 3 months repayments and 12 months interest.

You should be aware that tax may be deducted from cash payments.

Please contact our office for Financial Hardship Claim Forms, or download them from our web site.

### 5. WHY WE WANT TO KNOW YOUR TAX FILE NUMBER

Any cash benefit will only be taxed at the concessional rates noted above if you provide your Tax File Number to your superannuation fund.

It is not compulsory to quote your Tax File Number but if you choose not to, your benefit, as well as the contributions received by this Fund, may be subject to additional tax.

If you provide your Tax File Number to your Fund, you are also authorising your Fund to provide your Tax File Number to the Australian Taxation Office and to any institution you have instructed us to roll over your account to. Your Fund is required to keep your Tax File Number private and secure and may not disclose your Tax File Number to unauthorised persons.

### 6. TAXATION

Benefits paid to you from your superannuation fund may be subject to taxation.

The tax treatment will depend upon whether or not you have provided your Tax File Number, and it will also depend on the composition of your payment. The following table illustrates the tax treatment of the most commonly occurring components of a lump sum superannuation payments, assuming that you have provided your Tax File Number:

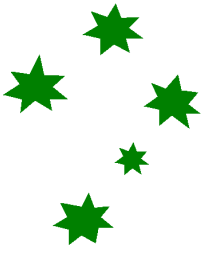
Age / Status	Component and tax treatment
Age 60 or over	Tax Free
Preservation age to age 59	Tax Free Component is tax free Taxable Component: First \$150,000 tax free (2009/10) Balance above \$150,000 is taxed at 15% plus the Medicare levy (2009/10)
Less than Preservation age	Tax Free Component is tax free Taxable Component is taxed at 20% plus the Medicare Levy

**The laws relating to the taxation of benefits are complex. We recommend that you seek professional advice about your options well before you actually receive your benefit.**

### 7. YOUR INSURANCE COVER

If you had insurance cover as part of your membership, your insurance benefits will continue. Insurance premiums will continue to be deducted from your account, but your premiums will now be based on a number of factors, including your age, gender, occupation and smoking habits. So that you are charged the correct premium, please complete Section 4 of the Member's Instruction for Benefit Payment form and return it to our office. If you do not return this form, and we have no other information to the contrary, your premiums will be based on Smoker rates, which are higher than Non-Smoker rates.

If you do not wish to continue your insurance cover, or if you have any questions regarding your insurance cover and options, please contact our office.



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## 8. ENQUIRIES AND COMPLAINTS

### PROCEDURE

One of the key features of legislation governing the operation of superannuation funds is that funds must establish a procedure to deal with enquiries and complaints. All efforts will be made to produce a satisfactory resolution to all parties.

#### What is an Enquiry?

An enquiry is a request to answer any question or provide further information in relation to the Fund. The Trustee is obliged to provide you with any information you may require to understand your benefits.

Most enquiries are reasonably straightforward and these can be dealt with by the Fund contact:

Mr David Barclay  
Fund Enquiries Officer  
Millennium Master Trust  
PO Box 3528  
TINGALPA DC QLD 4173  
Phone: 1800 336 911  
Fax: (07) 3902 9899

If you do not receive a satisfactory response within 28 days, you should immediately contact the Trustee contact (see below).

#### What is a Complaint?

A complaint is where you express dissatisfaction with some aspect of the Fund's service to you.

Complaints are to be directed to the Trustee contact below. The Trustee has a Dispute Resolution Committee of three experienced people who are not involved in the day-to-day running of the Fund. This committee addresses any member complaints and ensures that they are answered within 90 days.

Ms Kathleen Young  
Trust Company Superannuation Services Limited  
PO Box 673  
CARLTON SOUTH VIC 3053  
Phone: (03) 9665 0200  
Fax: (03) 9639 4933

#### What if I am still not satisfied?

If you are not satisfied with the Fund's handling of your complaint or the Trustee's decision or you do not receive a response to your complaint within 90 days, you may be able to refer the complaint to the Superannuation Complaints Tribunal. The Tribunal is an independent body set up by the Federal Government to assist members or beneficiaries to resolve certain superannuation complaints.

The Superannuation Complaints Tribunal may be able to assist you to resolve your complaint, but only after you have made use of the Fund's own complaint-handling process. Once the Tribunal accepts your complaint, it will attempt to resolve the matter through conciliation, which involves assisting the parties to come to a mutual agreement. If conciliation is unsuccessful, the complaint is formally referred to the Tribunal for a determination.

You should first telephone to find out the type of information you need to provide. For the cost of a local call anywhere in Australia you can contact the Superannuation Complaints Tribunal on 1300 780 808 or Locked Bag 3060, GPO Melbourne VIC 3001.

Alternatively, you can contact the Australian Securities and Investments Commission on (03) 9280 3303 or the Australian Prudential Regulation Authority on 1300 13 10 60.

## DISCLAIMER

This form and the enclosed statement does not describe all of the conditions affecting the amount and availability of benefits. All benefits are determined in accordance with the Trust Deed, any applicable insurance policy and government legislation. Whilst every effort is made to ensure that the information contained is correct, the Trustee reserves the right to correct any error or omission. Please advise the Fund Administrator should any of your personal details appear incorrect.