

# Withdrawing your super

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## Use this form to make a withdrawal or transfer to another super fund.

Once your completed form has been received, it usually takes around five business days to pay withdrawals or three business days to transfer to another super fund.

### Important information

- Any insurance attached to your account will be cancelled if you close your account.
- Part withdrawals are paid in line with your chosen future transaction investment strategy. For example, if your chosen investment strategy for contributions and other transactions is split equally between two investment options, the withdrawal will be made in equal proportions from these investment options.
- If you want to claim a tax deduction or split your contributions with your spouse, do this before submitting this form. These options aren't available for contributions you've withdrawn from Spirit Super.
- Regardless of how and when you access your super, you should get advice from a licensed financial adviser first to confirm if a withdrawal will have tax or social security implications. If you're under 60, you may have to pay tax.

### Don't complete this form if:

- you have a Spirit Super pension account
- you're applying to access your super early due to financial hardship
- you've ever been a temporary resident of Australia, and you're not a permanent resident or citizen of Australia.

If any of the above apply, you'll need to complete a different form. Contact us for more information.

Our forms and fact sheets are available at [spiritsuper.com.au/forms](https://spiritsuper.com.au/forms).

## Section 1 Your personal details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

Given name/s

Residential address

Suburb/Town/City

State

Postcode

Preferred phone

Email

Do we have your tax file number (TFN)?

 Yes  No but here it is: 

You don't have to provide your TFN, but you may pay extra tax, miss out on government incentives and you can't make personal contributions. Refer to our *How super is taxed* fact sheet available at [spiritsuper.com.au/pds](https://spiritsuper.com.au/pds) for more information.



**Section 2**  
Reason for requesting a payment

I want to transfer to another super fund.

OR

I want to make a withdrawal. Select one only.

I'm aged 65 or older.

I've reached my preservation age (see table below) and have permanently retired. I don't intend to work again for 10 or more hours a week.

Date of your retirement (DD MM YYYY)

I'm aged 60-64 and ended an employment arrangement since turning 60.

Date your employment arrangement ended (DD MM YYYY)

I have 'unrestricted non-preserved' money.

I've left my employment and have less than \$200 in my Spirit Super account.

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

If you choose one of the options below, you need to provide additional supporting documents with this form.

I have 'restricted non-preserved' money.

Date your employment arrangement ended (DD MM YYYY)

Employer name

I'm applying under compassionate grounds.

You need to apply to the Australian Taxation Office first. For more information, refer to our *Early access to your super* fact sheet.

I'm unable to ever work again due to illness or injury, or I'm terminally ill.

Date you stopped work due to illness or injury (DD MM YYYY)

You need to provide written opinions from two medical practitioners to support your application. For more information, refer to our *Early access to your super* fact sheet.



Section 5

Transfer to another super fund

I want to transfer:

my full account balance.

This will close your account and any insurance cover will end. The final amount paid may vary due to investment earnings, tax and fees. Please check with your employer that any final contributions have gone into your account before you complete this form.

Transfer my total account balance but keep my account open.

You need to leave at least \$6000 in your account to keep it open. We will transfer the remaining balance.

OR

an amount of: \$

You need to leave at least \$6000 in your account to keep it open. We'll transfer the remaining balance.

New super fund details:

Fund name

Phone

Member number

USI

ABN

I'm transferring to a self-managed super fund

Self-managed super fund name

ABN

Electronic service address (ESA)

Self-managed super fund bank account name

BSB number

Account number

## Section 6 Provide proof of identity

Complete this section if you're:

- making a withdrawal
- transferring to another super fund and you haven't provided your TFN in **section 1**.

Please verify your identity by choosing option 1 or 2.

### Option 1 – I want to use electronic verification

By completing this section, I authorise Spirit Super to use my details held for the purpose of confirming my identity. I understand that my details will be checked with the relevant official record holder through the use of third party systems.

**IMPORTANT:** Make sure that the details you provide below exactly match your documents. If the details vary, we won't be able to verify your identity electronically.

Provide details of any TWO of the following:

#### 1. Australian driver's licence

Full name as appears on my driver's licence

My Australian driver's licence number

State of issue

Expiry date (DD MM YYYY)

Card issue number

#### 2. Medicare card

Full name as appears on my Medicare card

My Medicare number

Valid to (MM YYYY)

Colour of card

 Green  Yellow  Blue

Your reference number on this card is

#### 3. Australian passport

Full name as appears on my passport

My Australian passport number

### Option 2 – I want to use paper-based verification

- I've provided certified proof of identity with this form. See the *Guide to providing proof of ID* fact sheet for more information.
- I authorise Spirit Super to use my personal details for the purpose of confirming my identity if the paper copies of my certified identification documents are incorrectly certified, scanned or unable to be read. I understand that my details will be checked with the relevant official record holder through the use of third party systems.

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**Section 7**  
**Member**  
**declaration**

**By signing this form I'm making the following statements:**

- To the best of my knowledge, the information I've provided is true and correct.
- I understand that Spirit Super may contact my employer to verify answers I've given.
- I understand that I will lose benefits such as insurance if my account is closed. I've considered this and don't require any further information.
- I understand that if Spirit Super receives any contributions after my account has been closed a new account may be opened for me.
- I discharge the Spirit Super trustee from any further liability in respect of my benefits paid and transferred from Spirit Super.
- I consent to the use of my personal information as outlined in Spirit Super's *Privacy policy* available at [spiritsuper.com.au/privacy-policy](https://spiritsuper.com.au/privacy-policy) or by calling us on **1800 005 166**.
- I request and consent to the payment of my benefits as described above, and authorise Spirit Super to determine the tax treatment of my benefit.

Your signature

Date (DD MM YYYY)

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Return the completed, signed and dated form to [info@spiritsuper.com.au](mailto:info@spiritsuper.com.au) or Spirit Super, GPO Box 1547, Hobart TAS 7001.

