

# Redemption Notification

For State Super Personal Retirement Plan, Allocated Pension Fund or Investment Fund use only.



Complete the form using a BLACK PEN and print in clear CAPITAL LETTERS.  
Mark answer boxes with a cross (X).

## 1. INVESTOR DETAILS

Client code  Account number

Investor name(s)

Contact phone number (include area code)  +

Product – **Please cross (X) one box only**

Personal Retirement Plan     Investment Fund     Allocated Pension Fund

## 2. REDEMPTION DETAILS

If you do not specify the fund that you wish to redeem from and you sign this form, you agree to the trustee redeeming your units in the manner set out on the back of this form.

Specify the amounts that you wish to redeem from each Fund			Office Use Priority	All
Cash Fund	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Stable Fund	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balanced Fund	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Fund	\$	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL REDEMPTION</b>	\$	<input type="text"/>		

For Personal Retirement Plan and Allocated Pension Fund Only  
Lump Sum Tax treatment

Pay me the redemption amount after the deduction of any taxes  
 Redeem the above amount, deduct any taxes payable and pay me the balance

## 3. CONDITIONS OF RELEASE

Please indicate if one of the following situations applies to you:

I have ceased an employment arrangement after turning age 60  
 I am over age 55, have ceased working and do not intend to work 10 hours or more a week  
 I am age 65 or more  
 I am permanently incapacitated (with 2 medical certificates)  
 The amount being withdrawn is Unrestricted Non-Preserved  
 I have ceased employment with an employer who contributed to this fund (applies to release Restricted Non-Preserved amounts only)  
 I am applying under an APRA-specified (compassionate) ground  
 I am applying under the severe financial hardship basis (with Centrelink letter)

## 4. METHOD OF PAYMENT

Please indicate how you would like your payment to be made

Pay directly to my/our bank, credit union or building society account shown below. (Note: It will take at least two business days after processing for the proceeds to be credited to your account).

Name of financial institution

Branch address

BSB number  Account number

Account name

By cheque posted to the current mailing address held on file  
 Transfer the proceeds to the SSFS investment nominated by my planner  
 I wish to collect a cheque from the following SSFS office

## 5. AUTHORISATION

**ALL INVESTOR(S) MUST SIGN AND DATE THIS FORM**

Signature of Investor 1  Date / /

Signature of Investor 2 (if applicable)  Date / /

State Super Financial Services Australia Limited (SSFS) has implemented a privacy policy which will ensure the confidentiality and security of your personal information. The Privacy Policy expresses our commitment to the management of your personal information. The policy is available at your request, or via our website ([www.ssfs.com.au](http://www.ssfs.com.au)).

## OFFICE USE ONLY

Transaction type  
 Full redempt.  Partial redempt.  Full rollover  Partial rollover

Complete only if 'Partial' redemption/rollover and if applicable  
 All but \$1 OR specify another amount \$  .00

Tax option Code  
 To LRT

Transfer details – Planner to complete  
Client code  Investor name

Product  
 PRP  IF  AP

## FUND DEFAULTS

If you fail to provide us with details of the Fund(s) from which you wish your units to be redeemed, we will treat your request as a request to redeem sufficient units to satisfy your withdrawal request in the following order:

- firstly, from the Cash Fund (until all funds are exhausted);
- secondly, from the Capital Stable Fund (until all funds are exhausted);
- thirdly, from the Balanced Fund (until all funds are exhausted);
- and finally, from the Growth Fund.