

Form 4 Benefit Payment Request

Page 1 of 3

Form 4

The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call
Member Services 1300 131 227

Complete this form for a one off lump sum payment.

To start a regular pension, you will need to complete the 'pension application form'.

Please indicate the currency in which AESF will receive the contribution:

GBP / USD / AUD / EUR

If the currency of receipt differs from the currency of investment AESF will convert on behalf of the member.

1. Member details

Member number/s

Full name

Email address

Date of birth
[dd/mm/yy]

2. Payment Amount

Full Account Balance

Partial Withdrawal of

\$

* Gross / Net [please circle one]

* It is important to note that your partial withdrawal will include a taxable component and, if applicable, a tax free component in proportion to the total account balance.

From which investment options do you wish to deduct your partial withdrawal?

Pro rata across all investment options,

OR

From the specific investment options detailed below:

Full Name of Investment Option	Percentage		Amount
	%	OR	\$
	%	OR	\$
	%	OR	\$

Please note that if no selection is made, your withdrawal will be made pro rata across all investment options.

3. Reason for Payment

Rollover to another Fund

Terminal Illness

Severe Financial Hardship

Retirement [retirement declaration must be completed]

Unrestricted Non-Preserved benefit

Total & Permanent Disablement

Specified Grounds

Temporary Resident permanently departing Australia

Issued by the Trustee
Tidswell Financial Services Ltd
ABN 55 010 810 607
AFSL 237628
RSE Licence L0000888

4. Temporary Residency Declaration

I confirm I am not, and never have been, a temporary Australian resident.

Yes

No

5. Retirement Declaration [tick one box only]

I declare I have reached my prescribed Preservation Age and have permanently retired from the workforce.

I am between 60 and 65 years of age and have changed employers after reaching age 60.

I am over 65 years of age.

6. Electronic Funds Transfer [EFT] Payment Details

Financial Institution

Account Number

BSB Number -

Account Name

7. Rollover to another Fund [you must provide the following information for the receiving Fund]

Full name of other fund

Your Member number in other fund

Other fund's ABN

Other fund's USI number

Other fund's postal address

8. Claiming a Tax Deduction for Personal Contributions

Do you want to claim a tax deduction for personal contributions made in the current or previous financial year?

Yes

No

If yes, please complete a 'Notice of intent to claim or vary a deduction for personal super contributions' form available from the ATO, or ask your adviser or Member Services on 1300 131 227 to have one sent to you.

9. Proof of Identity

You will need to provide us with proof of identity before we can process your Benefit Payment Request. We are required to comply with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

You must complete and return the separate 'Proof of Identity' document which is available from our website aesf.com.au and provide copies of the identification document[s] listed before any payment can be made.

I have enclosed the necessary 'Proof of Identity' documents: Yes No

10. Declaration

By signing below and providing my Tax File Number [TFN] I authorise the Trustee to pay my benefit as indicated, and to quote my TFN to the Australian Taxation Office.

If this benefit payment is a rollover or transfer, I authorise the Trustee to pay my new superannuation fund [named on this page] any outstanding contributions that are received after my benefit is paid.

Where the full account balance is to be paid from the Fund, I hereby release the Trustee from any further liability to me or my executors, administrators or dependents in respect of my participation in the Fund and request and authorise the termination of my membership in the Fund.

I declare that the information supplied by me on this form is correct.

By signing this declaration I give my consent to the collection, use and disclosure of my personal and sensitive information under the Privacy Act 1988.

Yes, I agree to provide my TFN My TFN is

The Trustee has previously been notified of my TFN OR

No, I do not agree to provide my TFN

Signature

Date [dd/mm/yy]

When complete
email and post this form:
info@aesf.com.au
AESF
41A Mount Barker Road
Hahndorf SA 5245
Australia