

## IRIS Withdrawal form

Use this form to rollover to another superannuation stream or regulated superannuation fund, or to withdraw funds.

| Step 1. Complete your personal details   |  |  |
|--|--|--|
| Member Number:   |  |  |
| Surname:   |  |  |
|  |  |  |
| Given name(s):   |  |  |
| Daytime contact phone no:  |  |  |
| Step 2. Nominate the type of withdrawal  |  |  |
| Partial Withdrawal (Go to step 3) OR Full Withdrawal (Go to step 4)  |  |  |
| Step 3. Partial withdrawal amount  |  |  |
| Nominate the amount \$\ you wish to withdraw and specify the investment options from which you would like your withdrawal to be made. The minimum withdrawal amount for each of your investment options is \$1,000 unless you withdraw the entire balance of that option. You must leave a minimum balance of \$1,000 in each investment option to keep it open. |  |  |
| Investment Option Amount %   |  |  |
| Defensive  |  |  |
| Conservative   |  |  |
| Growth   |  |  |
| High Growth  |  |  |
| Cash OR  |  |  |
| Diversified Fixed Interest   |  |  |
| Property   |  |  |
| Australian Shares  |  |  |
| Sustainable Australian Shares  |  |  |
| International Shares   |  |  |
| Total 100%   |  |  |
| Note: Where you request a partial withdrawal of your Super Income Stream, an amended minimum annual income amount will not be recalculated until 1 July of the next financial year.  |  |  |
| Please indicate whether you wish to take this payment as a   |  |  |
| Lump sum withdrawal (commutation) OR as an Additional pension payment  |  |  |
| If you are unsure how you would like to take this payment, please consult your financial adviser or contact the IRIS Financial Adviser on 1300 138 848 or via the IRIS Website: retirewithiris.com.au  |  |  |

| Step 4. Your payment options   |   |  |
|--|---|--|
| I would like my withdrawal paid to my pre-nominated bank account where my IRIS income payments are made.   |   |  |
| OR   |   |  |
| I would like to transfer my funds to the rollover fund(s) nominated below*:  |   |  |
| Full name of new fund:   |   |  |
| Fund's Unique Superannuation Identifier (USI)**:   |   |  |
| ABN of new fund:   |   |  |
| Your membership number in the new fund (if kno   | wn):  |  |
| Step 5. Confirm your instructions  |   |  |
| • I declare that I am the IRIS member whose details appear on this form.  • I confirm that the details I have supplied are correct and request the Trustee to process my request in accordance with the provisions of the Trust Deed.  I hereby consent to the collection, use, storage and disclosure of my personal information as described in these documents. I understand that if I do not provide you with the information requested in this form, you may not be able to accept or carry out my requests or instructions.  I/we have read the Privacy Statement contained in the IRIS Product Disclosure Statement and understand the manner in which SMI Limited proposes to comply with the requirements of the Privacy Act 1988 (Cth). I acknowledge that the Super Member Investments Privacy Policy is also available from the IRIS website at retirewithiris.com.au  Signature:  Date: |   |  |
|  |   |  |
| Step 6. Send this form to  |   |  |
| IRIS Administration<br>Locked Bag 5129,  | <b>Note:</b> Emailed requests cannot be accepted. Faxed requests for amounts up to \$50,000 will be accepted, and can be faxed to <b>1300 655 283</b> . However, the original signed form must also be mailed to us. All other requests must be |  |

Parramatta NSW 2124

mailed to IRIS Administration. If you have any questions about completing the Withdrawal Form, you can call us on **1300 367 485** between 8:30am and 5:30pm (Eastern Standard Time).

**Print Completed Form** 

<sup>\*</sup> A rollover fund can be a superannuation fund or another super income stream. If you have nominated more than one rollover fund, please attach details of each fund to this form and the portion (in percentage) of the payment that should be allocated to each. If you wish to transfer your funds to a Self Managed Superannuation Fund we will require further details about your membership and the fund. Please contact us on 1300 655 283 for details.

<sup>\*\*</sup> You can obtain your Fund's USI from your Fund's website or by contacting your Fund.