Super Simplifier

ABN 36 526 795 205
USI 36 526 795 205 001

Ad hoc Pension Payment Request Form

Complete this form if you wish to request an ad hoc pension or commutation payment.

Section 1: Personal details

Member Number: | Date of birth:

Surname: | Given name(s):

Section 2: Payment instructions

I would like to withdraw: $

☐ This is a one-off **commutation** withdrawal and will not be included in my nominated annual pension amount.

☐ This is a one-off **pension payment** and will be included in my nominated pension amount.

Note: If you are currently on the minimum pension, your regular payments will be adjusted down to ensure you remain within the minimum. This means your regular pension payments will be reduced or even ceased if the minimum is exceeded. If you do not want this, please select the above one-off commutation option.

The ad hoc payment will be made within 3 business days of receipt of this form as an additional payment outside of any scheduled payments.

Section 3: Authorisation by financial adviser of account holder

Either the adviser or member can sign this form. If adviser is signing this form, the following declarations and acknowledgements apply:

- I declare that all transaction and directions given to the Trustee will only be made after prior consent of the member.
- I hold an Australian Financial Services License (AFSL), or I am authorised through a holder of a current AFSL.
- I confirm that my license or authorisation enables me to deal in and advise on Super Simplifier.
- I confirm the member has provided authorisation for me to provide instruction in relation to their account within Super Simplifier.
- I declare that all information provided by myself in this form is true and correct.
- I indemnify the Trustee against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by me.

Adviser Signature: | Date:

If member is signing this form, the following declarations and acknowledgements apply:

- I understand that I am bound by the provisions of Super Simplifier's Trust Deed.
- The information I have provided in this form is true and correct.
- I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.
- In relation to a pension commenced under transition to retirement rules, I understand that additional restrictions apply to such pensions.
- I acknowledge that I have read and understood the Privacy Policy described on the website www.dash.com.au

Member Signature: | Date:

Please email your completed form to supersimplifier@dash.com.au
(or alternatively, you may post to Super Simplifier Member Administration, PO Box 3528, Tingalpa DC, Qld 4173)

We are committed to respecting the privacy of the personal information you give us.
We have published our Privacy Statement on our website at www.dash.com.au.