Condition of release – superannuation

summit

Once completed, please send this form to:

Summit Service
GPO Box 2754
MELBOURNE VIC 3001

Alternatively, this form may be faxed to Summit on 1800 780 081.

1. PLAN TO TRANSFER

Transfer **from** _____ Client's account name

_____ – _____ – _____ Client reference number (eg 0012345-12-01)

Transfer **to** _____ – _____ – _____ Client reference number (if known)

2. CONDITION OF RELEASE

A preserved benefit must be retained within a superannuation fund unless you meet a condition of release as detailed below.

Are you transferring your preserved benefit to an investment account or a pension plan? ☐ Yes ☐ No (If 'Yes' please answer below)

☐ **If aged 55 to 59**: An arrangement under which I was gainfully employed has ceased. I do not intend to ever again become gainfully employed for 10 or more hours per week.

☐ **If aged 60 to 64**: I have ceased employment.

☐ Aged 65 and over.

☐ Reached preservation age, still working and purchasing a Non-Commutable Allocated Pension.

☐ Permanent incapacity as defined by the Superannuation Industry (Supervision) Act 1993.

☐ Severe financial hardship#.

☐ Compassionate grounds#.

 # Special conditions apply. Contact your financial adviser or call Summit Client Services on 1800 622 772.

3. MEMBER SIGNATURE

Important information

Prior to the transfer of a superannuation or pension benefit, the Trustee is obliged to provide you with any information you reasonably require to understand your benefit entitlement, including any fees and charges that may apply on transfer. Please consult your financial adviser or contact Summit Client Services on 1800 622 772.

Request and release

I request N.M. Superannuation Pty Ltd process the withdrawal requested above, and transfer the amount requested as per my instructions above.

I do not require any additional information on my benefit entitlement, applicable fees and charges or information on the transfer of my superannuation benefit.

I confirm that I have personally received and read the relevant Product Disclosure Statement associated with this transfer.

I am eligible to join and roll over or transfer to Summit Personal Pension Plan.

The information I have provided is true and correct.

X _____ Client signature

_____ Date

4. FINANCIAL ADVISER

_____ Adviser name

_____ Adviser number

Correspondence: GPO Box 2754 Melbourne Victoria 3001 Address: 750 Collins Street Docklands Melbourne Victoria 3008
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Trustee: N.M. Superannuation Pty Ltd ABN 31 008 428 322 AFS Licence No. 234654 Member of the Global AXA Group