


Vanguard INVESTMENTS®

Withdrawal Form

Vanguard® Personal Superannuation Plan

Please complete this form to withdraw your benefits from the Vanguard Personal Superannuation Plan or rollover benefits to another provider. A fee of \$71.50 will be charged for each withdrawal. If making a partial withdrawal, the proceeds will be withdrawn in proportion with your current asset allocation.

Returning this form

You must return this form by post with cheque attached made payable to Vanguard Personal Superannuation Plan.

Mail

Vanguard Personal Superannuation Plan
GPO Box 3006FF
Melbourne Vic 3001

More information

1300 655 101
Vanguard Member Services are available from 8:00 am to 6:00 pm
Monday to Friday (Melbourne Time)

Note: A certified copy of your driver's licence, passport or birth certificate must accompany your withdrawal request. Failure to supply certified copies of documents may prevent or delay processing your request.

Step 1: Complete your personal details (please use block letters)

Member number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Have you recently changed address? (please tick)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No											
Title	Surname														
Given Names															
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TFN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (please tick)	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female											
Full residential address (<i>must NOT be a PO Box</i>)															
State					Postcode										
Postal address (<i>if different from above</i>)															
State					Postcode										
Business phone					Mobile phone										
Home phone															
Email address															

Are you, or have you been commonly known by two or more different names?

Yes Please provide your other given name and surname _____

No

Residency – please tick option that relates to your residency status. If you are a temporary resident choosing options 2, 3 or 4 your will need to provide a certified copy of the current, expired or cancelled visa referred to below.

I am an Australian or New Zealand citizen, or a permanent resident of Australia

I am a former temporary resident and have permanently departed Australia as my visa has expired or has been cancelled

I am a current temporary resident and hold a subclass 405 (investor retirement) or 410 (retirement) visa holder

I am a current temporary resident (excluding subclass 405)



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Are you an Accountant/Lawyer/Notary/Sole Practitioner/Importer/Exporter/work for a Charitable Organisation or Non-Government Welfare Organisation (NGO)?

Yes

No Please provide your occupation _____

Are you a sole trader?

Yes Please provide the following details ABN/ARBN/ACN

Full business name _____

No

Step 2: Cash withdrawal

Please tick the appropriate option below if you wish to make a cash withdrawal and proceed to Step 4. Note that by signing this withdrawal form, you are making a declaration that the information provided is correct

I have reached my Preservation Age (refer to page 41 of the Vanguard® Personal Superannuation Plan Product Disclosure Statement dated 1 March 2010) and have permanently retired from the workforce (i.e. I have ceased gainful employment and never intend to be gainfully employed for more than 10 hours a week)

I am over 60 and have ceased gainful employment

I have reached the age of 65

I wish to withdraw my unrestricted non-preserved benefits

Payment amount: \$ _____

If you are making a partial withdrawal, please specify whether the amount requested is:

Before tax After tax

Note: If you do not select an option you will receive your nominated benefit payment before tax.

Your account name must include your member name as in Step 1.

BSB no. - Account no.

Account name (e.g. John Smith) _____

Name of financial institution _____

Please note if a bank account has not been nominated on this form, a cheque will be issued in the name of the member

Step 3: Rollover to external provider

I wish to rollover an amount to another superannuation provider

Transfer my entire account balance Transfer the following amount: \$ _____

Member number or Superannuation Product Identification Number (SPIN) _____

Fund name (in full) _____

Fund address _____

State _____ Postcode

Superannuation Fund Number (SFN) ABN

Make cheque payable to: _____



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Step 4: Signature and declaration

I declare that I have met a condition of release as detailed on page 41 of the Vanguard Personal Superannuation Plan Product Disclosure Statement dated 1 March 2010 and that the information in this form is true and correct. I acknowledge that Vanguard may deduct tax from any amount withdrawn and provide personal information to my nominated rollover fund and/or regulatory bodies as required by law. I understand that penalties may apply for false declarations.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: Please ensure you have provided a certified copy of your driver's licence, passport or birth certificate.