



CAVENDISH

NOTIFICATION OF SUPERANNUATION LUMP SUM PAYMENT

Fund details

Name of Fund: _____

Contact name: _____ Contact number: _____

Member details

Surname: _____ Given names: _____

Date of birth: DD / MM / YYYY

Has the member satisfied a condition of release? Yes ☐ No ☐

If yes, please specify condition met?

- ☐ Over 55, Retired with no intention to re-enter the workforce
- ☐ Over 60 and Retired
- ☐ 65 or over
- ☐ Other, please specify: _____

Payment details

Withdrawal date: DD / MM / YYYY

Does this transaction relate to a withdrawal and re-contribution within the fund? Yes ☐ No ☐

If yes, please specify: ☐ To the member
☐ To the member's spouse

Gross cash amount: \$ _____

From: ☐ Accumulation Account: _____
☐ Pension Account ID: (example AB) _____

ETP Components

All Superannuation Lump Sum Payments taken from 1 July 2007 must be taken proportionally from Exempt and Taxed components.

Fee structure

Superannuation Lump Sum Payment for member 60 years of age or over **\$85 per transaction**

Superannuation Lump Sum Payment for member under 60 years of age **\$195 per transaction**

Member declaration

I hereby request that a Superannuation Lump Sum Payment be made in accordance with my instructions above. I declare that the information provided on this form is complete and correct and that I understand the applicable fees

Signed: _____ DD / MM / YYYY

Please return this form to Cavendish Superannuation, GPO Box 9981, Adelaide SA 5001
or fax to (08) 8212 6747.