

Benefit Payment Direction Form

Use this form to request a benefit payment from Nationwide Super, a division of the Russell Investments Master Trust (Fund). Please note if you wish to change where your future super contributions are being paid, you will need to complete a Choice of Fund Form available from your employer. Print clearly in BLOCK LETTERS.

Please note:

- · You should read the Important information section before completing this form.
- · All sections of this form must be carefully completed.
- If you are a temporary resident, and have not left Australia, there are only certain conditions in which you can request a cash payment. Generally, you can only use this form, if you are transferring your benefit to another superannuation fund. Please read Temporary residents in the Important information section of this form.
- If you will be claiming a tax deduction for contributions you have made, you must submit a notice to us in relation to those
 contributions before closing your account. Only members who obtain less than 10% of their annual income from employment are
 eligible to claim a tax deduction in relation to superannuation contributions.
- Any application to split contributions with your spouse must be submitted before those contributions are transferred out of the Fund.

This form acts as an authority for us to release your benefit to you or an external superannuation fund. Once complete, please return this form, together with any requested documentation and certified identification to us.

Please complete the Payment instructions section to notify us of the benefit payment type you are requesting.

1. Personal details											
a. Title (please select)											
Mr Mrs Miss Ms Dr Other >											
b. Surname											
c. First name(s)											
d. Date of birth (DD MM YYYY) e. Sex (please select) f. Member number											
Male Female											
g. Residential address											
State Postcode											
h. Postal address											
State Postcode											
i. Work telephone j. Home telephone											
k. Mobile number											
l. Name of last employer to make contributions for you into the Fund											

IN PREPARING THIS FORM THE TRUSTEE HAS NOT TAKEN INTO ACCOUNT THE INVESTMENT OBJECTIVES, FINANCIAL SITUATION AND PARTICULAR NEEDS (FINANCIAL CIRCUMSTANCES) OF ANY PERSON. ACCORDINGLY, BEFORE ACTING ON ANY ADVICE, YOU SHOULD ASSESS WHETHER THE ADVICE IS APPROPRIATE IN LIGHT OF YOUR OWN FINANCIAL CIRCUMSTANCES. TOTAL RISK MANAGEMENT PTY LIMITED ABN 62 008 644 353, AFSL NO. 238790, TRUSTEE OF THE RUSSELL INVESTMENTS MASTER TRUST ABN 89 384 753 567. NATIONWIDE SUPER IS A DIVISION OF THE RUSSELL INVESTMENTS MASTER TRUST. NW_F_GEN_BPD_V1F_2209

1. Personal details (continued)								
I. Have you left employment? (tick ONE of the following):								
No Yes If yes date left employer:								
m. Email address* (Give us your email address to receive all future communications electronically.):								
* By providing your email address, you are advising us that online communication is your preferred method of communication. Going forward, we will email you with information and also advise when a communication has been added to your online account. We will issue paper communications rarely or where your email address no longer works. You can change your preferred method of communication at any time by calling us or logging in to your online account at nationwidesuper.com.au/login								
2. Providing your Tax File Number (TFN)								
Please complete this section if you have not provided your TFN to the Fund.								
Please complete this section if you have not provided your TFN to the Fund. Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect, use and disclose your TFN. The Trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the Trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider. Declining to quote your TFN to the Trustee of your superannuation provider is not an offence. However, giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply): Your superannuation fund will be able to accept all permitted types of contributions to your account(s). Other than the tax that may ordinarily apply, you will not pay more tax than you need to - this affects both contributions to your superannuation and benefit payments when you start drowing down your superannuation benefits. It will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire. Your TFN will otherwise remain confidential. Fill in your TFN here: Your TFN will otherwise remain confidential. Fill you want to maintain membership within the fund you need to ensure that you leave at least \$6,000 in your account. You can choose from one of the following benefit payment options: Option A - transfer of benefit to iQ Retirement Option B - rollover of benefit to an external superannuation fund								
Option C – withdrawal of benefit in cash Option D – other.								
Option A - Transfer iQ Retirement								
Please tick one of the following boxes.								
Transfer my total benefit to iQ Retirement.								
Transfer \$.00 to iQ Retirement (Contribution account).								
In addition to completing this form, you must read the current iQ Retirement Product Disclosure Statement (PDS), which is available at russellinvestments.com.au/retirementpds or call 1800 555 667.								

3. Payment instructions (continued) Option B - Rollover to an external superannuation fund 1. Reason for payment: Please tick one of the following boxes. **Termination of employment** You have terminated your employment and wish to rollover your total or a specified dollar amount of your benefit to another fund Complete the benefit timeframes section. **Combined Choice of Fund/Portability request** You have not terminated your employment, but wish to terminate your membership with the Fund and have future contributions and your benefit paid to another fund. It is important to note that to change where your future super contributions are being paid, you will need to complete a Choice of Fund Form available from your employer. Complete the benefit timeframes section. **Consolidate your accounts in Nationwide Super** You have more than one account in Nationwide Super and wish to consolidate these accounts. Complete your details in the rollover section. **Portability request** You will remain a member and will continue to receive contributions to your account from your employer. The amount you choose will be paid to your nominated fund. If you select full transfer, we may be required to create a new account to accept future contributions from your employer. If you do not want this to occur, you will need to complete a Choice of Fund Form to direct contribution to your chosen fund. Any insurance you have in place may cease as soon as we have processed your payment. You can only make one portability request in any 12-month period. You may be required to retain a minimum balance in your account. Please refer to your PDS for more information. Complete your details in the rollover section. 2. Benefit payment timeframest: Please tick one of the following boxes. Applicable for members who have terminated employment, elected Choice of Fund or portability request. If you have left employment or elected a combined choice of fund and portability request, we require your employer to confirm the final contributions and your date of termination. (If your employer sends any contributions to the Fund after provision of this confirmation, they may be rejected.) You can either have a partial payment within three days of receipt of your completed form or you can wait for your final contributions to be received and allocated into your account. 3. Ν Αι U

	Partial payment made within three days.											
	Note: Subject to the minimum account balance of \$6,000. Once the Fund has received all the required information (including your final contributions), we will transfer your remaining balance in line with these instructions.											
	Wait until my final contributions have been allocated to my account and my benefit has been finalised.											
3. Deta	3. Details of rollover: Please tick <u>one</u> of the following boxes.											
	Transfer my total benefit.											
	Transfer \$.00 of my benefit.											
	Transfer the balance remaining in my account after the payment(s) nominated in Payment option A and/or Payment option C.											
Rollover fund details: Name of rollover fund or Self Managed Super Fund (SMSF)												
Australian Business Number (ABN) of rollover fund or SMSF												
Unique	Unique Superannuation Identifier (USI) (not applicable to SMSFs)											
Your member number* in the rollover fund												
SMSF E	Electronic Service Address (ESA)											
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3. Payment instructions (continued)											
SMSF bank details: (Please attach a certified copy of your SMSF bank statement that clearly displays the account name, BSB and account name	count number.										
BSB number Account number											
Contact name in the rollover fund											
Contact phone number in the rollover fund											
* You must provide a membership number. We will not be able to process your benefit until you have provided this information	on.										
If you are transferring your benefit to an SMSF, you are required to complete the Proof of your identity section . For further de Rollovers to SMSFs, Providing proof of identity and Certification of documents in the Important information section of this for											
Option C - Withdrawal of benefit in cash											
Only unrestricted non-preserved benefits may be paid in cash, unless you have met a condition of release such as retirement, permanent disability or you have reached age 65. You must provide information to prove your identity before receiving cash payment by completing the Proof of your identity section . Please refer to the Important information section of this form for further details.											
1. Details of withdrawal: Please tick <u>one</u> of the following boxes:											
Withdraw my total benefit in cash.											
Withdraw \$.00 (net) of my benefit in cash.											
Withdraw my total unrestricted non-preserved benefit in cash.											
2. Cash payment options:											
 Cheque: Cash payments will be made by cheque, unless you specify your direct deposit bank details below and provide the banking evidence required. OR Direct deposit: Please complete this section, if you would like your benefit paid directly to your bank account. The nominated bank account must be in your name, or if it is a joint account, you must be one of the account holders. We can only make the payment into an Australian bank account. If you do not have an Australian bank account, we will forward your payment via cheque. 											
You must provide evidence that the bank account is yours. Acceptable evidence is either a pre-printed bank deposit slip, a recent* bank statement or confirmation letter from the bank. If you do not provide the required evidence, your cash benefit will automatically be paid by cheque.											
Name of financial institution											
Name of account holder											
Name of decount holder											
BSB number Account number											
* Refers to recent bank statement dated within the last six months.											

3. Payment instructions (continued)												
Option D - Other												
Other (please specify)												
Example: I wish to rollover \$10,000 to the fund nominated in payment option B and withdraw the remainder of my benefit in cash to the bank account nominated in payment option C.												
220 to 1 Saint decount nonlimited in payment option e.												
4. Proof of your identity												
1) You must complete this section, if you're applying for a cash withdrawal or if you're rolling your benefit into an SMSF. Please refer												
to the Important information section for more information about verifying your identity before completing this section.												
Complete option 1 OR option 2 below:												
1. Electronic verification												
I authorise the Fund to use the personal information provided below and on this application form to verify my identity for												
the purposes of the Anti-Money Laundering and Counter- Terrorism Financing (AML/CTF) Act using reliable and independent data sources. I understand the Fund uses a third party for this purpose and consent to its use.												
Important: Make sure the details you provide are accurate. If your personal details provided in Section 1 do not match your												
electronic identification details, we will not be able to use your personal details to prove your identity, which will delay processing your payment request. If you'd like to verify your identity electronically, you must provide your registered street address in Australia in Section 1.												
You must provide details of at least two of the following documents												
Electronic verification - Document 1: Medicare card												
Full name as shown on your Medicare card, including initials:												
Card number: Valid to:												
I am person number on this card												
Electronic verification - Document 2: Australian Driver's Licence First name as shown on your licence:												
Surname as shown on your licence:												
Australian Driver's Licence number: Australian Driver's Licence card number:												
Expiry date: State of issue:												

4. Proof of your identity (continued)

processing your payment request.

issued by the Australian Departm		gration a	nd Bor	der Pro			e deta	113 01	a ioi	cigii	pass	port	ii yo	a max	ic a	visa
Given name/s (including middle na	ame) as sho	wn on yo	ur pas	sport:	Т		П	Т	Т		Г	ī				
Surname as shown on your passp	ort:															
							Ш									
Passport number:		Count	ry of is	ssue:	Ţ.				Ţ	Ţ.		Ţ.				
											L					
Place of birth as shown on your p	assport:															
Date of issue:																
Family name at birth (not shown o	n your pass	sport):														
Visa number (for foreign passport	s only):															
				Ш												
2. Certified copies of identifi	cation do	cument	s													
I have attached copies of my Important information sect			lentity	with th	is forn	n, in	accord	dance	with	the i	requ	irem	ents	set o	ut ir	n the

5. Declaration and signature Retirement declaration (if applicable): If you are aged 55-65 and are applying to access your preserved benefit in cash, please complete this section. For retirement purposes, gainful employment is defined as working 10 hours or more per week. If you have never been gainfully employed, you may not access your preserved benefit as a lump sum until you reach age 65. Please tick one of the following boxes: I have reached the age of 55 and am retired. I do not intend to be gainfully employed again. I ceased being gainfully employed on or after my 60th birthday with: (insert company name). By signing this request form I am making the following statements: I declare I have fully read this form and the information completed is true and correct. • I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this payment/transfer/election to purchase a pension may have on my benefits, and do not require any further information. • I declare that if I have requested part or all of my benefit be cashed and have met the condition of release, that I am an Australian or New Zealand citizen or a permanent resident of Australia or a 405 (investor retirement) visa or a subclass 410 (retirement) visa holder. • I discharge the Fund from all further liability in respect of the benefits paid and transferred to me or to my nominated fund. If the external superannuation fund I am transferring my benefits to is an SMSF, I confirm that I am a member and trustee (or director of a corporate trustee) of the SMSF. I have not relied on any advice from the Trustee of the Fund in making this request. • I have been given the opportunity to take my own independent personal financial advice before deciding to proceed with the transfer to my nominated fund/cashing of my benefit/purchase of a pension. • I understand that my insurance cover will cease, if I don't have enough funds remaining to pay insurance fees. I authorise the Fund to process my benefit in accordance with my instructions. Member signature Date (DD MM YYYY) Member name

υ.	CHECKIST
	Have you completed the Proof of your identity section , and attached appropriate documentation where you have applied for a cash payment or a rollover to your SMSF? We cannot process these payments, if we have not received your authority to verify your identity electronically or if you have not provided the appropriate certified documentation.
	Have you read the Important information section and attached the additional documents required for your payment (if any) as specified in this section?
	Have you completed all the relevant sections of the form?
	Have you signed and dated the form?
	Have you attached appropriate banking evidence, if you are applying for a cash payment to your bank account? Refer to Payment option 3 for more information.

7. Important information

The line

The following information will help you complete this form.

Please note:

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- All sections of this form must be carefully completed.
- · Any delay in receipt of this information will hold up the payment or rollover of your benefit.
- If you have investment choice, you may switch investment portfolios during the processing of your instructions before your benefit is paid.
- You may ask us for the information that you reasonably require for the purposes of understanding any of your benefit
 entitlements. This includes information about any fees that may apply, because of a transfer and the effect of the transfer on your
 benefit entitlements in the Fund. A payment fee may be debited to your account in respect of this payment request. Refer to the
 current PDS for more information.
- You should note that we are able to refuse your transfer request if, as a result of the transfer, you would have less than \$6,000 remaining in the Fund. We are also able to refuse your transfer, if you have made a similar transfer within the past 12 months. We will inform you in writing, if we need further information to process your transfer or if we have to refuse a transfer that you request.

Please attach any requested documentation

If you elect to have your benefit paid to you via direct deposit, you will be required to provide evidence in the form of a pre-printed bank deposit slip, a recent bank statement or confirmation letter from the bank that the bank account you nominate is yours.

Preserved benefit

Government regulations prevent you from withdrawing the preserved amount of your benefit until you satisfy a relevant condition of release. You can check the amount of your preserved benefit on Your 30 June Super Statement or by logging in at nationwidesuper.com.au/login. If you have satisfied a condition of release for preserved benefits since 30 June, the preserved amount will have become non-preserved and you will be able to withdraw all or part of it in cash. If you are suffering financial hardship, there are some limited circumstances that allow you to access superannuation. Refer to our When You Can Access Your Super Fact Sheet on nationwidesuper.com.au/factsheets or call us for details. Please refer to the current PDS for more information on preserved benefits. You can transfer your preserved benefit to another superannuation fund (conditions may apply).

Non-preserved (cashable) benefit

You have four choices for the part of your benefit that is non-preserved and must show on this form whether you want to:

- use it to purchase a pension through iQ Retirement;
- roll it over to one or more external superannuation fund(s);
- withdraw it in cash and pay tax (if any); or
- a combination of the above.

Note: If your non-preserved benefit is restricted, you may not access it until you leave the employer that opened your account.

Temporary residents

If you have left Australia, you can apply for a Departing Australia Superannuation Payment (DASP) and you should use the the DASP form available at nationwidesuper.com.au/forms or the form available from the Australian Taxation Office (ATO). Visit nationwidesuper.com.au/factsheets and read the Departing Australia Superannuation Payment Fact Sheet for details of the additional documentation required to apply for this payment.

From 1 April 2009, temporary residents [excluding New Zealanders and 405 (investor retirement) visa or subclass 410 (retirement) visa holders] can only claim their superannuation **prior** to departing Australia on the following grounds:

- Death
- Terminal medical condition
- Permanent or Temporary Incapacity
- Excess contributions release authority.

If this applies to you, please contact us for assistance.

7. Important information (continued)



The following information will help you complete this form.

Rollovers to self managed superannuation funds

If you are rolling your benefit to an SMSF, you should be aware that SMSFs are subject to the same rules and restrictions as other funds, when benefits are to be paid out. In particular, benefits which are preserved in your current Fund remain 'preserved' in your SMSF, meaning you cannot generally access them until you reach your 'preservation age' and retire. Preservation age is between 55 and 60, depending on your date of birth. We may request further information from you about your status as a member and trustee (or a director of a corporate trustee) of your SMSF. Penalties may apply for providing false or misleading information.

Our superannuation specialists can provide you with general advice about your superannuation. If you would like personal financial advice, we can refer you to a qualified financial adviser who can provide this advice to you. Please call us and we can put you in contact with an adviser. The first appointment is at no cost to you.

Privacy

Information about how the Fund uses and discloses the personal information that you provide is contained in the Trustee's Privacy Policy at nationwidesuper.com.au/privacy. To access this Policy, your personal details or to make an enquiry about any aspect of your Fund membership, please:

- visit the website at nationwidesuper.com.au
- call us
- · write to us.

Providing proof of identity

Under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), superannuation funds are required to identify, monitor and mitigate the risk that the Fund may be used for the laundering of money or the financing of terrorism.

As a result, if you are requesting a cash payment or transfer to an SMSF, you need to prove you are the person to whom the superannuation entitlements belong. Please note, you will need to prove your identity at the time of each payment request. Processing of this form cannot proceed until we have verified your identity in one of the following ways. There are two ways to prove your identity:

1. You can use this form to authorise the Fund to verify your identity electronically

If you provide consent in Section 4 of this form, the Fund may disclose details of the identification documents you provide and the personal details on file for you (such as your name, residential address and date of birth) to a third party reporting entity for the purpose of confirming your identity as required under the AML/CTF Act. The reporting entity may use the information disclosed in order to provide an assessment of whether the information provided matches personal information held on file (in whole or in part). If your personal details cannot be verified for any reason, we will notify you before we proceed with your payment request.

2. You can provide certified paper copies of identification documentation

If you do not provide consent in Section 4 for the Fund to verify your identity electronically, you will need to provide certified copies of identification documentation. Acceptable documents are described below.

Driver's licence, proof of age card or passport

- a. A valid driver's licence issued under State or Territory law
- b. A valid proof of age card issued under State or Territory law
- c. A passport which is currently valid or which expired within the last 2 years*

Certificate

- a. Birth certificate or extract*
- b. Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles you to financial benefits

Government letter

- Letter from the Department of Human Services within the last 12 months, which shows your name and residential address and advises of a financial benefit payable to you;
- b. An income tax assessment notice issued to you by the ATO within the last 12 months, showing your name and residential address and records a debt payable to or by you. An equivalent notice from an overseas country may be accepted in some circumstances.
- c. A notice issued to you by a local government body (e.g. council rates notice) within the last three months, which shows your name and residential address and records the provision of services to you.



OR



You need to get an authorised person to certify a photocopy of either your driver licence,

AND



OR



proof of age card OR passport*.

AND

You also need to get an authorised person to certify a photocopy of your birth certificate, citizenship certificate or pension card OR a recent government letter (e.g. a notice from the ATO, Centrelink payment letter, or a local council notice that shows your name and address).

^ We can only accept expired Australian passports.

* If your passport or birth certificate/extract is not in English, it must be accompanied by an English translation prepared by an accredited translator.

7. Important information (continued)

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Change of names	Signed on behalf of the applicant							
Suitable linking documents	 Marriage certificate, deed poll, or change of name certificate from the Births, Deaths and Marriages Registration Office 	Guardianship papers, orPower of Attorney							

Certification of documents

All copied pages of original proof of identification documents and any copies of other required documents (including any linking documents) need to be certified as true copies by an individual approved to do so.

Make a photocopy of your original document and then take both documents to one of the following people to be certified. The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy of original document' followed by their signature, printed name, qualification (eg Justice of the Peace) and the date.

The Fund will only accept documents certified by one of the following:

- Medical practitioner
- Pharmacist
- Police officer
- Justice of the Peace
- Legal practitioner
- Notary public officer
- ludge of a court

- Magistrate
- Clerk of a court
- · Chief Executive Officer of a Commonwealth court
- Sheriff
- Sheriff's officer
- Registrar or Deputy Registrar of a court
 Australian Consular Officer or an Australian Diplomatic Officer
- Permanent employee of Australia Post with two or more years of continuous
- Agent of Australia Post who is in charge of an office supplying postal services to the public.
- · An officer with, or authorised representative of, a holder of an Australian Financial Services license, having two or more years of continuous service with one or more licensees.

Please note:

- In different circumstances there may be other people who are able to certify documents. However, in the interests of protecting the entitlements of members of the Fund, we will only be able to accept documents which have been certified by a person in the
- We may be required to ask for further identification from you in order to meet relevant regulatory requirements, if we are unable to verify you using the information you have provided.

Please return your completed form to:

Nationwide Super Locked Bag A4094 Sydney South NSW 1235

Contact Nationwide Super:

P: 1800 025 241 (Toll free, Mon – Fri, 9am – 5pm AEST)

E: enquiries@nationwidesuper.com.au

W: nationwidesuper.com.au