

Withdrawal Form 1 July 2015

OnePath Life Limited

ABN 33 009 657 176 AFSL 238 341 242 Pitt Street, Sydney NSW 2000

Customer Services

Phone 133 665 Email customer@onepath.com.au Website onepath.com.au

| Instructions | | | | | |
|---|----------------|---|---------|--|--|
| Please cross (x) one or | f the followin | g: | | | |
| Deferred Annuity (USI MMF0331AU) | | | | | |
| Allocated Annuity (USI MMF0332AU) | | | | | |
| RetireInvest Preferred Rollover Bond (USI LEF0158AU) | | | | | |
| Note: Death benefits – for claim requirements. | This form is n | ot required when claiming a death benefit, please call Customer Services on 133 665 | | | |
| • Please complete this | form and forv | ward to: OnePath Life Limited, GPO Box 5306, Sydney NSW 2001 | | | |
| 1. Policy number | | | | | |
| 2. Policy holder details | | | | | |
| Title | Mr [| Mrs Ms Miss Dr Other | | | |
| Surname | | | | | |
| Given names(s) | | | | | |
| Date of birth (dd/mm/yyyy) | / | / Male Fe | emale 🔲 | | |
| Residential address (this cannot be a PO Box) | | | | | |
| Street | | | | | |
| Suburb | | State Postcode | | | |
| Country | | | | | |
| Postal address (if different from above) | | | | | |
| Street | | | | | |
| Suburb | | State Postcode | | | |
| Country | | | | | |
| Phone | Business | Mobile | | | |
| | Home | | | | |
| Email | | | | | |

INVESTMENT INSURANCE SUPERANNUATION 1 of 7

| 3. Rollover details – complete for ALL rollovers | |
|--|-----|
| Please note that the amounts rolled over may be subject to fees and charges. If you are rolling over from an Allocated Annuity, then we may be required to make a pro rata income payment prior to processing the rollover. Please speak to your financial adviser for further details. | , |
| Total rollover Partial rollover – If partial, please state amount required Before tax \$ | |
| After tax \$ | |
| Name of rollover institution | |
| USI of the destination fund | |
| Australian Business No. (ABN)* | |
| Policy/Reference number | |
| Address | _ |
| Suburb/Town State Postcode | |
| Contact phone | |
| * Must be completed prior to your withdrawal being processed. | |
| 4. Cash payment details – please also complete section 6 for a direct credit into your financial institution account | |
| Important note | |
| The amount withdrawn may be subject to fees and charges and withholding taxes. For the Allocated Annuity we may be required to make a pro rata income payment prior to processing your cash withdrawal. | |
| Total cash payment Partial cash payment – If partial, please state amount: Before tax \$ | |
| or after tax \$ | |
| If it is a partial cash payment please also complete section 5. | |
| Your benefit may be preserved and if so can only be taken as cash upon your retirement on or after your preservation age, attaining age 65 or other circumstances approved by the Australian Prudential Regulation Authority (APRA) and/or provided by superannuation laws. Unrestricted non-preserved benefits may be accessed at any time. Permanent incapacity – You are required to complete an 'Application for Early Release of Superannuation Benefits on Grounds of Permanent Incapacity' Form available from OnePath. | |
| Retirement – I declare that: I have reached my preservation age and have retired from the workforce and do not intend to become gainfully employed again either on a full-time or part-time basis; or | ! |
| I am 60 years or more and have ceased an arrangement of gainful employment since attaining age 60; or | |
| I am 65 years or more. | |
| Severe Financial Hardship – you are required to complete an 'Application for Early Release Due to Severe Financial Hardship' Form availa from Customer Service. | ble |
| Specified Compassional Grounds – you must apply for compassional grounds with the Department of Human Services (DHS). Please contact DHS on 1300 131 060 for application requirements. If you have been approved, please include the original or certified copy of the DHS letter with the Withdrawal Form. | he |
| Departed temporary Australian residents – you must apply for your Departing Australia Superannuation Payment (DASP) with the Tax Officer. Please contact Customer Services or visit the Tax Officer website at www.ato.au/super or contact the Tax Office Superannuation Infoline on 131 020 for more information. | |
| Death – please contact Customer Services for claim requirements | |
| I hereby declare that the above statements in section 4 are true and correct. | |
| Signature of policy holder (sign clearly within the box) Date (dd/mm/yyyy) / / | |
| | |

5. Withdrawal instructions

The minimum withdrawal is \$1,000, however if your account balance falls below \$2,000 (Deferred Annuity), \$1,000 (Allocated Annuity), or \$3,000 (Preferred Rollover Bond) we reserve the right to pay your account balance to you (subject to preservation requirements) or a complying superannuation fund. If you have invested via the Nil Entry Fee option exit fees may apply. Please refer to your policy for details of withdrawals and accessing your benefits.

| Fund name | | Amount \$ | Amount % |
|---|---|--|--------------------------|
| | | ş | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| Total | | \$, | 100% |
| 6. Direct credit facility | | | |
| Cash payments may be credite | ed directly into your financial institution acc | ount. | |
| Please allow up to five days for financial institution. | r clearance. Direct crediting may not be avai | ilable on the full range of account types. F | Please check with your |
| Name of financial institution | | | |
| Account holder's name | | | |
| | BSB | Account number | |
| 7. Tax file number (TFN | N) | | |
| If you do not provide your TFN not be accepted. | l, some contributions and the untaxed elem | ent of a rollover may be taxed further, and | d some contributions may |

Collection of tax file numbers

Tax file number

You or your employer may already have provided your TFN to the Fund, if not, we are required to tell you the following details before you provide your TFN. Your TFN is confidential, and you should know the following before you decide to provide it to us:

- the Trustee is authorised to collect your TFN under taxation and superannuation laws
- if you do provide your TFN to us, we will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation payment you may be entitled to and providing information to the Commissioner of Taxation such as reporting details of contributions for the purposes of the co-contribution, lost member reporting and monitoring of contribution caps
- if you do provide your TFN to us, we may provide it to the trustee of another superannuation fund or a RSA provider where the trustee or RSA provider is to receive your transferred benefits in the future
- we will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on
- your TFN will be treated as confidential.

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give us your TFN, either now or later:

- we may not be able to accept non-concessional contributions, and you may be liable to pay additional tax on concessional contributions
- you may pay more tax on your benefits than you have to (you may get this back at the end of the financial year in your income
 tax assessment)
- it may be difficult to locate or amalgamate your superannuation benefits in the future.

The purposes for which we can use your TFN and the consequences of not providing it to us may change in the future as a result of changes to the law.

| 8. Policy document | | | | | |
|---|---|---------------------------------|------------------|-----------|------------|
| Partial withdrawal – Policy docu | ment required if partial withdrawal is over \$2 | 20,000 (please enclose). | | | |
| Full withdrawal – Policy docume | ent is required (please enclose). | | | | |
| Full withdrawal – Policy docume | ent unable to be located. Statutory declaratio | on to be completed. | | | |
| Please complete the below if you are | unable to locate your Policy document. | | | | |
| Statutory declaration | | | | | |
| • | y document because it is lost, destroyed or y | ou did not receive it, the foll | owing must be | compl | eted |
| Note: A list of acceptable witnesses i | s listed below. | | | | |
| l, | | | | | |
| of address | | | | | |
| | | State | Postcode | | |
| Do solemnly declare that Policy No. | | | | | |
| On the life of | | | | | |
| | d has been lost, destroyed or not received, ar is Policy and that it has not been pledged as | _ | failed to locate | it. I ded | clare that |
| | inal Policy subsequently be found, I shall imn | • | Limited, and r | eturn | |
| And I make this solemn declaration of that may apply for making a false dec | consciously believing the same to be correct claration. | and true and understanding | there are serio | us pen | alties |
| Subscribed and declared at | | | | | |
| Signature of policy holder (sign clearly within box) | х | Date (4 | d/mm/yyyy) | / | / |
| Before me | | | u/mm/yyyy) | | |
| Name of witness | | | | | |
| | | | | | |
| Signature of witness (sign clearly within box) | X | Date (d | d/mm/yyyy) | / | / |
| | ake a statutory declaration under the <i>Commo</i> witness to your signature). | | | | |
| • Chiropractor | | | | | |
| • Dentist | | | | | |
| Legal practitioner | | | | | |
| Medical practitioner | | | | | |
| • Nurse | | | | | |
| Patent attorney | | | | | |
| • Pharmacist | | | | | |
| Veterinary surgeon | | | | | |
| • Agent of the Australian Postal Corp | ooration who is in charge of an office supplyir | ng postal services to the pub | lic | | |

- Australian Consular Officer, or Australian Diplomatic Officer, (within the meaning of the Consular Fees Act 1985)
 Bailiff
- Bank officer with five or more continuous years of service
- Building society officer with five or more years of continuous service
- Chief executive officer of a Commonwealth court

(ie a branch manager of Australia Post)

- Civil marriage celebrant
- · Clerk of a court
- Commissioner for Affidavits

8. Policy document - continued

- · Commissioner for Declarations
- · Credit union officer with five or more years of continuous service
- · Holder of a statutory office not specified in another item in this Part
- · Judge of a court
- · Justice of the Peace
- · Magistrate
- · Master of a court
- Member of the Australian Defence Force who is:

(a) an officer

- (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous service or (c) warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- · Member of the Institute of Corporate Managers, Secretaries and Administrators
- Member of the Institution of Engineers, Australia, other than at the grade of student• Member of:
 - (a) the Parliament of the Commonwealth or
 - (b) the Parliament of a State or
 - (c) a Territory legislature or
 - (d) a local government authority of a State or Territory.
- · Minister of religion registered under Division I of Part IV of the Marriage Act 1961
- · Notary public
- · Permanent employee of:
 - (a) the Commonwealth or of a Commonwealth authority or
 - (b) a State or Territory or of a State or Territory authority or
 - (c) a local government authority
 - with five or more years of continuous service who is not specified in another item in this Part
- Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made (such as a Justice of the Peace)
- Police Officer
- · Registrar or Deputy Registrar, of a court
- Senior Executive Service officer of the Commonwealth, or of a State or Territory, or of a Commonwealth, State or Territory authority
- Sheriff
- · Sheriff's officer
- · Teacher employed on a full-time basis

9. Declaration and signature

I declare that I am not bankrupt or insolvent under administration and that the information provided by me in this form is true and correct. I request OnePath Life Limited ABN 33 009 657 176 (OnePath Life) to act upon and give effect to the directions given by me in this notice.

I acknowledge that should I, or my estate receive a payment from OnePath Life in full satisfaction of my benefits under the Policy, OnePath Life will have fully discharged their obligations under the Policy, and that any payment made to or in respect of me shall be net of any lump sum tax paid, as required by law, to the Australian Taxation Office.

By signing this form, I also confirm that I:

- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in OnePath's Privacy Policy outlined on page 6 which is available at onepath.com.au, or by calling Customer Services. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Life requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onepath.com.au
- consent to OnePath Life using and sharing my Tax File Number to the ANZ Group to provide services (including account consolidation) and products to me.
- I understand that unless I consent to the collection, use and disclosure identified in the Privacy statement, OnePath will not be able to process my request or to deliver the relevant OnePath products or services. I accept that OnePath may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly. I authorise my nominated financial adviser to receive and access my personal information for the purposes of managing my investment, conducting such transactions as I authorise and to use the InvestmentLink service and/or, online service. Where there is any change to this authority or relating to my adviser, I will notify you of the change.

| Signature of policy holder | • | | | | |
|-------------------------------|----------|-------------------|---|---|--|
| Signature of policy floider | ` | | , | , | |
| (sign clearly within the box) | | Date (dd/mm/yyyy) | / | / | |

Privacy

In this section 'we', 'us' and 'our' refers to OnePath Custodians Pty Limited and other members of the ANZ Group. We collect your personal information from you in order to manage and administer our products and services. We may need to disclose it to certain third parties.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/aboutOnePath/privacy-policy.aspx

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud
- any related company of ANZ which will use the information for the same purposes of ANZ and will act under ANZ's Privacy Policy
- an organisation that is in an arrangement or alliance with us and/or ANZ to jointly offer products and/or to share information for marketing
 purposes (and any of its outsourced service providers or agents), to enable them or us and/or ANZ to provide you with products or services
 and/or to promote a product or service
- organisations performing administration
- · compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- · our solicitors or legal representatives
- organisations maintaining our information technology systems
- · organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial adviser)
- regulatory bodies, government agencies, law enforcement bodies and courts

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- The Family Law Act 1975 (Cth) enables certain persons to request information about your interest in a superannuation fund
- There are disclosure obligations to third parties s under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006

If you do not want us, ANZ or our alliance partners to tell you about our products or services, phone Customer Services to withdraw your consent.

Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in OnePath's Privacy Policy at onepath.com.au/aboutOnePath/privacy-policy.aspx

Life risk - sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in ANZ's Privacy Policy at anz.com/privacy

Privacy consent

We and other members of the ANZ Group may send you information about our financial products and services from time to time. ANZ may also disclose your information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service offered by them or a third party with whom they have an arrangement.

You may elect not to receive such information at any time by contacting Customer Services.

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

Privacy Policy

OnePath's Privacy policy contains information about:

- · when we or ANZ may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you;
- and how you can raise concerns that we or ANZ has breached the *Privacy Act* or an applicable code and how we and/or ANZ will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

GPO Box 75 Sydney NSW 2001 Email: privacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let OnePath know by contacting Customer Services. More information can be found in our Privacy Policy which can be obtained from our website at onepath.com.au/aboutOnePath/privacy-policy.aspx