

Commutation request

Connelly Temple Allocated Pension Plan



Asteron Portfolio Services Limited ABN 61 063 427 958 AFS Licence No 237905
Level 23 2 Market Street Sydney NSW 2000
Telephone 1300 361 755

1. Personal details

Mr Mrs Miss Ms Other Male Female

Surname Member number

Given names (in Full)

Home address Postcode

Postal address (Tick if same as above) or Postcode

Phone no.s Home () Work () Mobile

Date of birth / /

In respect of my benefit in the Fund, please:

Rollover (please complete sections 2,4,5) Cash Withdrawal (please complete sections 3,4,5)

2. Rollover

Rollover full account balance Rollover partial account balance \$

If you are rolling over your full account balance, your account with us becomes inactive (unless otherwise notified).

Details of other fund (please ensure ALL fields are completed as processing delays may occur if this is not the case):

Name of fund

Postal Address

Postcode

ABN/SFN number If the ABN/SFN number is not available, please provide a certificate of compliance, this is available from the fund you are transferring to.

SPIN number Member number

3. Cash withdrawal

Pay full account balance Pay partial account balance \$ net/gross of tax

If you are applying for a full account balance, your account with us becomes inactive (unless otherwise notified).

Please pay my benefit by:

Direct Deposit OR Cheque

Institution name

BSB number -

Account number

Account name

Mailing address

4. Investment component and portfolio details

If a partial benefit is requested, please indicate the components and/or portfolio(s) that are to be drawn down from. If no selection is made, or if your selection is not clear, the Trustee will use its discretion in determining which components and portfolio(s) are to be used in making up this payment.

Components: Pre-Post
 Invalidity
 Concessional
 Undeducted
 Other

Portfolio(s):

Note: Please be advised that if you have selected the 'deferred entry fee' option and wish to commute, the balance or pro-rata balance of your deferred contribution charge will be applied before processing the commutation.

5. Declaration

I declare that the information provided above is true and correct.

Member's signature

X

Date

/ /

Please forward form to: Connelly Temple Super Savings Plan
GPO Box 1576 Sydney NSW 2001