


# MAP PENSION PLAN WITHDRAWAL FORM

Please complete this form in BLOCK LETTERS. Questions? Call us on 1800 640 055 or email enquiries@mapfunds.com.au

 Note: Lump sum withdrawals are generally not available for Transition to Retirement Pensions.

## When forwarding this form

MAP requires the following item(s) to be forwarded with this form:

- Certified proof of identity - either a certified photocopy of your current drivers licence or a certified photocopy of your passport. To see who can certify these documents, or if you do not have these documents, see our 'Identification Requirements Factsheet' available on our website www.mapfunds.com.au or contact us on 1800 640 055.
- If you choose to receive direct payment to your bank account, a copy of the part of your bank, building society or credit union account statement that shows your full name, address, and account details. If the required documentation is not provided your benefit will be automatically paid by cheque.

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## Member details

MAP Account Number

Date of Birth

Title

Given Name(s)

Surname

Postal Address

Residential Address (if same as Postal Address write "as above")

Phone (home)

Phone (work)

Phone (mobile)

Email

I authorise MAP to update my contact details if the details provided above differ to the details currently held.

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## Tax file number\*

I certify that:

My Tax File number is  -  -

I understand that this information will be used strictly for the purpose of compliance with Australian Federal Taxation laws and will, if appropriate, be forwarded to the Australian Taxation Office (ATO).

I do not wish to release my Tax File Number Accordingly my benefit will be taxed at the top marginal rate as provided under the relevant legislation.

\* In order to receive any tax concessions available in relation to your entitlement, you are required to quote your Tax File Number. It is not compulsory to quote your Tax File number to the Fund. However, if your Tax File Number is not quoted, the fund is obliged to deduct PAYG tax from the relevant part of your benefit at the top marginal rate.

[Form continues overleaf >](#)

### 3

## Instructions for payment

I wish to withdraw:

Balance of Account  
OR

Amount:  ,  ,  .

If you are aged under 60, please indicate if this is a gross or net amount.

Gross (before tax is deducted (if applicable))

Net (after tax is deducted (if applicable))

Please make payment of my benefit as follows:

Cheque  
OR

Direct Deposit into my bank account as per my account details given below:

Direct payment to your bank account is the quickest way to receive payment. You must provide a copy of the part of your bank, building society or credit union account statement that shows your full name, address, and account details. If the required documentation is not provided your benefit will be paid by cheque.

Account Name

Bank & Branch

BSB Number Account Number

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## Important information

To help you understand the impact of making this withdrawal you are entitled to request any information that you need from us on any fees and charges that will apply and any tax that may apply. Please contact us on 1800 640 055 before proceeding if you require this information.

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## Declaration & signature

- I am aware of and do not require any information on the impact of this payment on my benefit entitlements and any fees and charges that may apply.
- I declare that I have fully read this form and the information completed is true and correct.
- I understand that if I am aged under 60, tax may be deducted from my lump sum withdrawal.
- When the full balance of my MAP Pension Plan account is paid I request and authorise termination of my membership; and I hereby release MAP from any further liability to me or my executors, dependants or administrators in relation to this account.

I have attached my certified proof of identity as requested.

I have attached a copy of my bank, building society or credit union account statement showing my full name, address, and account details. (Applicable if you have elected to receive payment by direct payment to your bank account).

Signature

Date

 /  / 

Privacy Policy - The information you are providing in this form is subject to the Privacy Amendment (Private Sector) Act 2000. The Act sets out principles for dealing with personal information which includes standards for collection, storage, accuracy and use of information and for disclosure required by the Australian Taxation Office as well as your right to access your personal information which we hold. MAP has developed policies for complying with this legislation which you may view on request.

Please send the completed form to: MAP Funds Management, Reply Paid 1130, Brisbane Qld 4001

## Contact Us

GPO Box 1130, Brisbane QLD 4001  
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www.mapfunds.com.au

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