

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724  
RSE L0001090 is the Trustee of BT Lifetime – Flexible Pension ABN  
83 953 436 008 RSE R1003864

- The information collected on this form is governed by the BT Privacy Policy.
- Use this form to withdraw part or all of your investment in the BT Lifetime – Flexible Pension.

Complete this form using **black pen** – print in clear **CAPITAL LETTERS**

## 1. INVESTOR DETAILS

Investor number

C

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

/  /

Residential address

State Postcode

Country, if not Australia

Postal address – if different from above

State Postcode

Country, if not Australia

Daytime phone number

(  )

Mobile phone number

## 2. TAX FILE NUMBER (TFN) OR EXEMPTION REASON

If you have not previously supplied your Tax File Number you may quote your TFN or exemption here. Otherwise, we are required to deduct tax at the highest marginal tax rate plus the Medicare Levy.

Specify your tax file number

or exemption reason

We are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993 (SIS).

It is not an offence if you do not quote your TFN. However, giving your TFN will have the following advantages, which may not otherwise apply:

- we will be able to accept contributions to your account(s);
- you will not be subject to extra tax for making contributions without a TFN;
- other than the tax that might ordinarily apply, no additional tax will be deducted when you start drawing down on your superannuation benefits; and
- it will be much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If provided, your TFN will be used for legal purposes only including sending it to another superannuation provider when your benefits are being transferred, unless you notify us otherwise in writing, in which case it will be kept confidential. These purposes may change in the future if the law changes.

## 3. WITHDRAWAL DETAILS

**!** Please note: If you are suffering from a terminal illness, you may be entitled to a more favourable tax treatment on your withdrawal. Additional documentation may be required. Please contact us for further information.

**A. Do you wish to withdraw:** [] cross one

- your total investment  
 part of your investment

Please indicate how you wish to receive your investment

- before tax  
 after tax

**Unless you indicate otherwise we will assume that the amount you require is before tax.**

**B. For tax purposes, please treat my cash withdrawal as:**

*Important note: As the treatment of this withdrawal as a lump sum cash withdrawal or income payment may have a different result for tax and social security purposes, you should speak with your financial adviser before completing part 3B. If you make no selection, we are required to treat your withdrawal as an income payment for tax purposes. If you make no selection, or request that the withdrawal is to be treated as an income payment, the payment amount will be paid in addition to the regular income payments you have elected to receive in the current financial year. If you select to receive this payment as income for tax purposes, the payment must be made to the bank account to which your income is normally paid.*

- An income payment (units will be withdrawn using your current nominated income payment strategy)

Please specify dollar amount

\$

➔ Go to section 5

- A lump sum cash withdrawal

Specify here the dollar amount or number of units you wish to withdraw from each Investment Option. If you wish to withdraw the full amount in the Investment Options please write 'all'.

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02-01-032-03

Investment Option		Fee Option (select one)		Withdrawal Amount		
		Contribution Fee	Nil Contribution Fee	\$ Amount	OR	Number of units
<b>Diversified</b>	BT Multi-manager Growth	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	BT Future Goals	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	MLC Growth	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	BT Multi-manager Balanced	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	BT Balanced Returns	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Merrill Lynch Balanced	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	BT Multi-manager Conservative	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	BT Conservative Outlook	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Macquarie Conservative	<input type="checkbox"/>	<input type="checkbox"/>	\$		
<b>International shares</b>	BT International Share	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Credit Suisse International Shares	<input type="checkbox"/>	<input type="checkbox"/>	\$		
<b>Australian Shares</b>	BT Australian Share	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Colonial First State Australian Shares	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	BT Imputation Share	<input type="checkbox"/>	<input type="checkbox"/>	\$		
<b>Property</b>	BT Property Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$		
<b>Fixed interest</b>	BT Australasian Bond	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	BT Global Bond	<input type="checkbox"/>	<input type="checkbox"/>	\$		
<b>Stable</b>	BT Cash	<input type="checkbox"/>	<input type="checkbox"/>	\$		
<b>TOTAL AMOUNT WITHDRAWN</b>				<b>\$</b>		

#### 4. PAYMENT INSTRUCTIONS

*Payments cannot be made to third parties. We can only pay to a bank account in your name or a joint bank account of which you are one of the account holders. Cheques will be posted unless otherwise requested. Rollovers to Self-Managed Super Funds will be payable by cheque only.*

##### A. Please pay my benefit to:

Please nominate how you would like to be paid. Payments will be credited to your existing account on file unless otherwise stated.

- Please pay to my existing account on file.
- Please make this payment to the account nominated below, for this withdrawal only.
- Please make this payment to the account nominated below, for this withdrawal and all future withdrawals.

Account holders name(s)

Name of financial institution

BSB number

Account number

- Please post the cheque payable to me to my registered address.

##### B: Transfer my benefit to:

- I am transferring to another super fund

Fund name

Fund's ABN

Fund address

  
  


State

Postcode

Fund's contact number

SPIN

Member account number

Cheque payable to

#### 5. SIGNATURE

I understand that the transaction will be made under the current terms and conditions of the BT Lifetime – Flexible Pension Trust Deed and offer document.

Signature of **Investor**

Date (dd/mm/yy)

**You can submit this form by:**

- mail BT Lifetime – Flexible Pension  
GPO Box 2675, Sydney NSW 2001