

# Withdrawal form

Please use CAPITAL letters. We recommend you read and retain the current investment bond Product Disclosure Statement prior to completing this form.

**Note:** Hold your investment bond for 10 years (and follow the 125% Contribution Rule), and your withdrawals are generally tax-free. If you withdraw in the first 10 years, some of the earnings component may be taxed (with a 30% tax offset applied).

## Part 1: Policy owner details

|                 |                             |                              |                             |                               |                                |                      |                      |                      |  |
|-----------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|--------------------------------|----------------------|----------------------|----------------------|--|
| Member number   | <input type="text"/>        |                              |                             |                               |                                |                      |                      |                      |  |
| Title           | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | <input type="text"/> |                      |                      |  |
| First name      | <input type="text"/>        |                              |                             |                               | Middle name                    | <input type="text"/> |                      |                      |  |
| Last name       | <input type="text"/>        |                              |                             |                               |                                |                      |                      |                      |  |
| Birth date      | <input type="text"/>        | <input type="text"/>         | <input type="text"/>        | <input type="text"/>          | <input type="text"/>           | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |
| Street address  | <input type="text"/>        |                              |                             |                               |                                |                      |                      |                      |  |
| Suburb          | <input type="text"/>        |                              |                             |                               | State                          | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |
| Postcode        | <input type="text"/>        |                              |                             |                               | <input type="text"/>           |                      |                      |                      |  |
| Telephone (day) | <input type="text"/>        |                              |                             |                               | Mobile                         | <input type="text"/> |                      |                      |  |
| Email           | <input type="text"/>        |                              |                             |                               |                                |                      |                      |                      |  |

## Part 2: Withdrawal details

Please indicate one of the following options.

I wish to:

- ☐ Make a FULL withdrawal of my investment (proceed to Part 3).  
OR  
☐ Make a PARTIAL withdrawal of my investment (please specify details below).

| Policy number        | Investment options | Percentage (%)         | Amount (\$)                |
|----------------------|--------------------|------------------------|----------------------------|
| <input type="text"/> | Capital guaranteed | <input type="text"/> % | \$ <input type="text"/>    |
| <input type="text"/> | Balanced fund      | <input type="text"/> % | \$ <input type="text"/>    |
| <input type="text"/> | Growth fund        | <input type="text"/> % | OR \$ <input type="text"/> |
| <input type="text"/> | High growth fund   | <input type="text"/> % | \$ <input type="text"/>    |
| <input type="text"/> | Sustainable fund   | <input type="text"/> % | \$ <input type="text"/>    |

A minimum balance of \$500 is required in each investment option chosen to keep the policy open.

### Part 3: Payment details

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|                                  |   |
|----------------------------------|---|
| Account holder name              | <input type="text"/>  |
| Bank                             | <input type="text"/>  |
| BSB number<br>(Must be 6 digits) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| Account number                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

### Part 4. Policy owner signature(s) and required documentation

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I/We note

- This form should be signed by the policy owner.
- For Joint policy owners, all policy owners must sign.
- If signed under power of attorney, the attorney certifies they have not received notice of revocation of the power of attorney and will provide a certified copy of power of attorney along with this form, if not previously provided to Foresters Financial.
- Earnings on withdrawals within ten years of commencement may be assessable for personal income tax. We recommend you obtain independent professional advice from a licensed financial adviser and/or tax adviser before withdrawing.
- Third party payments cannot be issued.

Please ensure to forward a copy of your certified identification (ie. driver's licence or passport) with this withdrawal application for verification purposes.

Signature of policy owner 1

Signature of policy owner 2 (if applicable)

Full name of policy owner 1

Full name of policy owner 2 (if applicable)

Date

Date

### Return details

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RETURN BY EMAIL

Ensure to include identification documents where relevant to:

service@forestersfinancial.com.au

OR

RETURN BY POST

Ensure to include identification documents where relevant to:

PO Box 7702  
Melbourne VIC 3004

#### OFFICE USE ONLY

Actioned by

Date

Our privacy policy covers how we handle your personal information and is available at [www.forestersfinancial.com.au/privacy](http://www.forestersfinancial.com.au/privacy) or by contacting us.

Foresters may request certified documentation to support your request. This fact sheet provides information about how to have your documents certified.

## Process

Please photocopy your document, ensuring any writing and photographs are clear and identifiable. Take that copy, and your original document, to a person authorised to certify documents. A list of professions or occupations that certifiers may belong to is provided below.

If mandatory documents are not correctly certified, your request may not be processed.

The certified copy must be signed by the certifier and should show the certifier's contact details including telephone number and reference number. The certifier should print their name underneath their signature. All pages (front and back) should be initialled by the certifier.

A certifier should never witness documents for their family, business, clients, employer or any other person where it could create a real or perceived conflict of interest for them.

A certifier should never witness documents connected with matters in which they have an actual or perceived personal or pecuniary interest.

The certifying officer must be currently employed in one of the profession or occupation groups listed and be contactable by telephone during normal business hours.

The certifying officer should:

- write on the copy, words to the effect 'this is a true copy of the original documents sighted by me'
- sign and print their name
- provide a daytime contact telephone number
- state their profession or occupation group (as below)
- write on the copy the date that the document was certified
- affix the official stamp (if available) or seal of the certifier's organisation on the copy.

## Example of an authorised statement:

"This is a true copy of the original documents sighted by me"

Jane Smith  
Signature  
(03) 9898 9898  
Lawyer  
01.01.2023

## Who can certify documents: occupational groups

A person who is currently licensed or registered under a law to practise in one of the following occupations:

- Architect
- Chiropractor
- Dentist
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Registered migration agent
- Nurse
- Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

## Who can certify documents: other persons

A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described), or a person who is on the following list:

- a. agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- b. Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- c. Bailiff
- d. bank officer with 5+ years of continuous years of service
- e. building society officer with 5+ years of continuous service
- f. Chief executive officer of a Commonwealth court
- g. Clerk of a court
- h. Commissioner for Affidavits
- i. Commissioner for Declarations
- j. credit union officer with 5+ years of continuous service
- k. employee of the Australian Trade Commission who is in a country or place outside Australia and authorised under the Consular Fees Act 1955 and exercising his or her function in that place
- l. employee of the Commonwealth who is in a country or place outside Australia and authorised under the Consular Fees Act 1955 and exercising his or her function in that place
- m. Fellow of the National Tax Accountants' Association
- n. finance company officer with 5+ years of continuous service
- o. holder of a statutory office not specified in another item in this list
- p. Judge of a court
- q. Justice of the Peace
- r. Magistrate
- s. marriage celebrant registered under the Marriage Act 1961
- t. Master of a court
- u. Member of Chartered Secretaries Australia
- v. Member of Engineers Australia, other than at the grade of student
- w. Member of the Association of Taxation and Management Accountants
- x. Member of the Australasian Institute of Mining and Metallurgy

- y. Member of the Australian Defence Force who is:
  - an officer
  - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5+ years of continuous service
  - a warrant officer within the meaning of that Act
- z. member of CPA Australia
- aa. Member of:
  - the Parliament of the Commonwealth
  - the Parliament of a State or Territory legislature
  - a local government authority of a State or Territory
- ab. Minister of religion registered under the Marriage Act 1961
- ac. Notary public
- ad. permanent employee of the Australian Postal Corporation with 5+ years of continuous service who is employed in an office supplying postal services to the public
- ae. permanent employee of:
  - the Commonwealth or a Commonwealth authority
  - a State or Territory authority
  - a local government authority with 5+ years of continuous service who is not specified in another item in this list
- af. person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- ag. Police officer
- ah. Registrar, or Deputy Registrar, of a court
- ai. senior Executive Service employee of:
  - the Commonwealth or a Commonwealth authority
  - a State or Territory or a State or Territory authority
- aj. Sheriff or Sheriff's officer
- ak. Teacher employed on a full-time basis at a school or tertiary education institution.

## Want more information

If you would like further information about the correct certification of documents contact us:

Phone: 1800 645 326

Email: [service@forestersfinancial.com.au](mailto:service@forestersfinancial.com.au)

The information contained in this fact sheet is provided in good faith and for guidance purposes only, it is not intended to be legal advice.

[forestersfinancial.com.au](http://forestersfinancial.com.au)

Freecall 1800 645 326

[service@forestersfinancial.com.au](mailto:service@forestersfinancial.com.au)

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