

RETIREMENT CLAIM INFORMATION

DO YOU HAVE THE CORRECT FORM?

This claim form is appropriate for retirement claims on a Protect severance account for those over preservation age.

The attached statutory declaration advising that you have reached your preservation age is also required to be completed and executed.

WHAT IS 'PRESERVATION AGE'

Your preservation age is the minimum age that you can claim on your account due to retirement and is dependant on your date of birth.

DATE OF BIRTH	PRESERVATION AGE
Before 1 July 1960	55
1 July 1960 - 30 June 1961	56
1 July 1961 - 30 June 1962	57
1 July 1962 - 30 June 1963	58
1 July 1963 - 30 June 1964	59
After 30 June 1964	60

WHO CAN WITNESS A STATUTORY DECLARATION?

The following list of occupations may witness your statutory declaration.

- Architect
- Chiropractor
- Dentist
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Migration agent registered under Division 3 of Part 3 of the Migration Act 1958
- Nurse
- Occupational therapist
- Optometrist
- Pharmacist
- Physiotherapist
- Police Officer
- Psychologist
- Justice of the Peace
- Teacher
- Veterinary surgeon

GENERAL INFORMATION ON YOUR CLAIM

Payment will be made to you or as you direct within five (5) business days of the claim received by the Fund Administrators provided your claim is accepted. Please note that we cannot pay your benefit into a credit card account.

On the same day we transfer the funds to your bank account we will also post to you a Payment Summary. This should be kept with your other records for income tax purposes and used in completing your tax return for the financial year.

BANKING DETAILS

We depend upon the accuracy of the details that you are providing to us. Please write clearly and check with your bank if you are unsure of your bank account details. If insufficient bank details are provided to us, payment will not be made and a bank fee may be charged for rejected payments. All banking details provided will be kept confidential.

PAYMENT UPON RETIREMENT

TAX ON CLAIMS

Claims due to retirement are taxed at 17% if you are over preservation age.

Please note: Failure to provide your Tax File Number will result in tax being paid at the highest tax rate of 47% including Medicare levy.

LATE TERMINATION PAYMENTS

If you make a retirement claim on your severance account more than 12 months after your retirement date, your claim payment is considered under tax law, to be ordinary income and taxable at your marginal tax rate. Accordingly, Protect will withhold tax at 47% from all late retirement claims.

Protect cannot provide you with specific tax advice, so you should consult your financial advisor or the Australian Taxation Office to discuss the effect of your Protect claim payment on your own personal circumstances. We strongly recommend that you contact your financial advisor before requesting payment.

Please contact the Protect team on **1300 344 249** for further information or assistance with your claim



RETIREMENT CLAIM FORM

MEMBER DETAILS

TITLE	GIVEN NAME/S	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	PROTECT MEMBERSHIP NUMBER	TAX FILE 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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ADDRESS		
<input type="text"/>		
SUBURB	STATE	POSTCODE
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MOBILE or CONTACT NUMBER	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	

EFT PAYMENT DETAILS

ACCOUNT NAME	BSB	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"/>
BANK	BRANCH	
<input type="text"/>	<input type="text"/>	

CLAIM DETAILS

This claim form is appropriate for retirement claims on a Protect severance account. All retirement claims are taxed at 17%.

RETIREMENT DATE

/ /

- a) I declare that I have retired.
- b) I request that I be paid the amount standing to my credit in my Protect member account.
- c) I request that I be provided with all relevant payment summaries covering the amount in point b) within 14 days of that amount being paid.
- d) I confirm that I have read and understood the General Information provided with this claim form.
- e) I declare that all details provided on this claim form are true and correct.

SIGNED _____ DATE / /

* PLEASE NOTE: This claim form must be signed and dated either ON or AFTER your retirement date.



COMMONWEALTH OF AUSTRALIA STATUTORY DECLARATION

STATUTORY DECLARATIONS ACT 1959

I, name(s)

Insert name, and address of person making the declaration

GIVEN NAME/S

SURNAME

of, (residential address)

ADDRESS

SUBURB

STATE

POSTCODE

make the following declaration under the Statutory Declarations Act 1959:

Complete matters to be declared

1. On the date of this declaration that I have reached my preservation age

2. I retired from active employment on:

 / /

3. My Protect membership number is:

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declaration Act 1959, and I believe that the statements in this declaration are true in every particular

Signature of person making the declaration

SIGNATURE _____

Insert place (i.e. city) where declaration is being made

DECLARED AT

ON THIS DAY

 / /

Before me,

Insert signature, full name, qualification and address before whom the declaration is made

SIGNATURE _____

ON THIS DAY

 / /

FULL NAME, QUALIFICATION AND ADDRESS OF WITNESS

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

Note 2: Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.