

Pension Withdrawal

Please call us on **1300 362 415** if you require any assistance.

Please complete this form using **CAPITAL LETTERS**.

When completing this application form, you will be asked to consent to MTAA Super verifying your identity by using reliable and independent electronic data sources, including a credit reporting agency. Your personal information may be provided to that credit reporting agency and used for the purposes of preparing an assessment of whether your personal information can be verified or not.

Alternatively, you can provide hard copy certified identification documents. For more information on hard copy documents you may need to provide, visit mtaasuper.com.au/proof-of-identity or call us on **1300 362 415**.

Section A

Member details

MTAA Super member number (if known)

Given name/s

Family name

Date of birth

Mr Mrs Ms Miss Other

Street address

Suburb

State

Postcode

Telephone (business hours)

Mobile

Email

Section B

Nominate the type of withdrawal

Please tick one box

Is it a:

Partial withdrawal

(go to section C, D, E and G)

Partial rollover

(go to section D, F and G)

Or a

Full withdrawal

(go to section C, E and G)

Full rollover

(go to section F and G)

Section C

Proof of Identity

You must complete this section if you're applying for a benefit payment.

Consent to use electronic verification

I authorise MTAA Super to use the personal information provided below to verify my identity using reliable and independent electronic data sources. I understand that MTAA Super uses a third party for this purpose.

Important: Make sure the details you provide are accurate. If your personal details provided in Section A of this form do not match your electronic identification details, we will not be able to verify your identity. This will delay processing your request.

You must provide details of at least two of the following documents:

Medicare Card

Full name as shown on your Medicare card, including initials:

[Character input boxes for Medicare card full name]

Card number

[Character input boxes for Medicare card number]

Valid to

[Character input boxes for Medicare card expiry date: DD MM YYYY]

I am person number [] on this card

Australian Driver's Licence

First name as shown on your licence:

[Character input boxes for Australian Driver's Licence first name]

Family name as shown on your licence:

[Character input boxes for Australian Driver's Licence family name]

Australian Driver's Licence number

[Character input boxes for Australian Driver's Licence number]

Expiry date

[Character input boxes for Australian Driver's Licence expiry date: DD MM YYYY]

State

[Character input boxes for Australian Driver's Licence state]

Australian Passport

Given Name/s (including middle Name) as shown on your passport:

[Character input boxes for Australian Passport given name]

Family name as shown on your passport:

[Character input boxes for Australian Passport family name]

Australian passport number

[Character input boxes for Australian Passport number]

Expiry date

[Character input boxes for Australian Passport expiry date: DD MM YYYY]

State

[Character input boxes for Australian Passport state]

Place of birth as shown on your passport:

[Character input boxes for Australian Passport place of birth]

Country of birth (not shown on passport):

[Character input boxes for Australian Passport country of birth]

Family name at birth (not shown on passport):

[Character input boxes for Australian Passport family name at birth]

If you do not have at least two of these documents or prefer to provide certified copies of your identification documents, please visit mtaasuper.com.au/proof-of-identity or call 1300 362 415 for more information.

