



CANEGROWERS
SUPERANNUATION PTY LTD
A.C.N. 009 938 845

190-194 Edward Street Brisbane 4000
GPO Box 1032 Brisbane Qld Australia 4001
Phone (07) 3864 6444 Fax (07) 3864 6429

**Canegrowers Retirement Fund
Request for Benefit Payment**

CRF Account Number

Surname _____ Given Names _____

Postal Address _____

Daytime Phone _____ Postcode _____

Number () _____ Date of Birth _____ / _____ / _____

Tax File Number _____

I hereby request payment of my superannuation benefit from the Canegrowers Retirement Fund.

I am over the age of 55 years, have ceased full time employment and have no intention or expectation of re-entering the workforce

OR

I am over the age of 60 years, and ceased employment

OR

I am over the age of 65 years

and I am therefore eligible to receive my benefit from the Fund.

I wish to take my retirement benefit as

* a lump sum payment; Account Balance or
 \$ _____

a CRF Account Based Pension; or

a rollover to: _____
(Please state choice)

Rollover Fund:
ABN _____ or SFN _____

NOTE

- i) Insured members, if you currently have life insurance cover and you are less than 60 years of age, you will normally be eligible to continue your life insurance cover direct with the insurer. For further information please contact this office.
- ii) Prompt return of this form will assist in the processing of your benefit, which normally takes approximately 4 weeks.

IDENTIFICATION REQUIREMENTS

Please ensure you return with this form either **(a)** photocopies of your driver's licence or passport, certified by a Commissioner for Declarations or Justice of the Peace, or a Local Canegrowers Office Manager as being a true copy of the original.

OR (b) a primary non-photographic document and a secondary document as defined below:

Primary non-photographic identification

- A birth certificate or birth extract;
- A citizenship certificate issued by the Commonwealth;
- A citizenship certificate issued by a foreign government;
- A birth certificate issued by a foreign government etc.
- A pension card issued by Centrelink that entitles the person to financial benefits

Secondary identification document

- A notice issued by the Commonwealth etc. with name and address, and records the provision of financial benefits;
- A notice issued by the ATO containing the name and address and records a tax debt payable to or by the individual;
- A rates or utilities notice containing the name and address and recording the provision of services to the person or address;
- In relation to a person under the age of 18, a notice issued by a school principal containing the name and address of the individual and the time at the school.

Signature of Member _____ Date _____ / _____ / _____

CANEGROWERS RETIREMENT FUND

PRIVACY STATEMENT FOR APPLICATION FORMS

The purpose of collecting the information we have asked you for on this form is to provide superannuation benefits for you. This includes checking your eligibility for an insurance benefit where requested.

If Insurance cover is selected, the information on this form will be given to the Fund's insurer. If you subsequently make a claim for an insurance benefit, information about you may be disclosed to doctors and other experts nominated by the Fund's insurer. In addition, if there is any dispute about your entitlement, Canegrowers Retirement Fund may disclose information about you to other advisors (for example, legal advisors).

A copy of the Fund's privacy policy will be provided to you on request.

By signing this form, you consent to the disclosure of information about you for those purposes.