

Withdrawals and Payments Form

Make changes to your regular payments, start regular payments or request a withdrawal or rollover.

If you have any queries about completing this form, please call us on 1300 371 136 between 8.30am and 5.30pm (AET), Monday to Friday, or email us at administration@allianzretireplus.com.au.

Complete the applicable sections:

For Future Safe policy owners	▶ Make changes to your regular payments or start regular payments	▶ Section 1
	▶ Request a partial or full withdrawal	▶ Section 2
	▶ Request a rollover	▶ Section 2 and 3
For Allianz Guaranteed Income for Life investors	▶ Request a partial or full withdrawal	▶ Section 2

Policy/Investment number

Policy owner / Investor name

Phone number

Email address

1. Regular payments

Please select the type of change you would like to make

Specify the amount of the payments that you would like to receive

\$ or % p.a (percentage of account balance at anniversary date)

Select frequency of payments

Monthly Quarterly Half-yearly Yearly

Your payments can only be made to a previously nominated bank account.

Stop my regular payments

Please note:

- If your payments exceed your Free Withdrawal Amount, then any excess will be subject to a Market Value Adjustment (MVA) charge. Please refer to the Future Safe Product Disclosure Statement for further details.
- If you are changing an existing regular payment, changes will take effect from your next payment date.
- If you are establishing a new regular payment plan, the timing of your payments will depend upon your policy/ investment commencement date and frequency chosen. For example, if your policy/investment commencement date is the 21st of a month, your payments will be on the 21st of a month, and paid in accordance with the selected frequency.
- If you have invested with super, then under superannuation laws:
 - You are required to receive a minimum amount of income out of your policy each financial year. These payments form part of your Free Withdrawal Amount.
 - If you choose to stop your payments, we may make a one-off payment from your policy prior to the end of the financial year to ensure you have met the super minimum requirements.

2. Withdrawal/Rollover request

Please select the type of withdrawal/rollover you would like to make

Full Partial ▶ Amount \$

I would like my withdrawal/rollover to be

Paid to my previously nominated bank account *(We can only pay your withdrawal to a previously nominated bank account)*

Rolled over to another superfund *(Complete section 3)*

Please note:

- If you elect to make a withdrawal that exceeds your Free Withdrawal Amount (if applicable), then any excess may be subject to a Market Value Adjustment (MVA) charge.
- For AGILE investors:
 - the withdrawal will reduce your future Lifetime Income payments if these have started.
 - any Partial Withdrawal must be for a minimum of \$100, and in the Growth Phase may be up to a maximum of 95% of the Investment Value.
 - in both the Growth Phase and Lifetime Income Phase the remaining Investment Value after a Partial Withdrawal must be at least \$2,000.
 - We reserve the right to treat amounts withdrawn above these limits or that reduce the Investment Value below \$2,000 as a Full Withdrawal.
- Please refer to the relevant Product Disclosure Statement for further details.

3. Rollover Fund Details

Fund name

ABN

Member / Account number

Unique Superannuation Identifier

Fund phone

4. Authorisations

The information we collect on this form will be used to update your policy details.

I/we declare that:

- The details provided in this form are true and correct.
- If I am signing on behalf of a company as a "Company Officer" and as a sole signatory, then I am signing as a sole director and secretary of the company.
- Where signing under a power of attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the power of attorney, including the appointed attorney's signature, must be lodged with this form if it has not previously been supplied.
- I/we release and indemnify Allianz Australia Life Insurance Limited (AALIL) against any liabilities that may arise out of AALIL acting on any incorrect information received in writing or electronically from me.

Investor 1/Company Officer/Attorney

Signature

Full name

Date

Investor 2/Company Officer/Attorney

Signature

Full name

Date

If you are providing original certified documents with your form, you can only send these by post, otherwise you can send your form in one of the following ways:



Post

Allianz Australia Life Insurance Limited
Reply Paid 89484, Sydney, NSW 2001



Scan and email

administration@allianzretireplus.com.au

If you have any queries about completing this form, please call us on 1300 371 136 between 8.30am and 5.30pm (AET), Monday to Friday, or email us at administration@allianzretireplus.com.au.