

Withdrawals and payments form

Complete this form if you would like to request a withdrawal, make changes to your regular payments, start regular payments or request a 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 Allianz Guaranteed Income for Life (AGILE) investors	To request a partial or full withdrawal	Section 1
For Future Safe policy owners	To make a partial or full withdrawal	Section 1
	To request a rollover	Section 1 & 2
	To make changes to regular payments or start regular payments	Section 3

Investor details

Investment/Policy number/s

Policy owner/Investor Name

Phone

Email

1. Withdrawal/Rollover Request

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

☐ Full ☐ Partial > Specify the 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 super fund (Complete section 3)

Please note:

- If you make a withdrawal that exceeds your Free Withdrawal Amount (if applicable), then any excess may be subject to a Market Value Adjustment (MVA) charge.
- Please refer to the relevant Product Disclosure Statement for details of how making a withdrawal may affect your investment, including any impacts on future payments.
- Depending on the product options that you have elected, your investment may be subject to a Maximum Withdrawal Value. For more information, please refer to the relevant Product Disclosure Statement.

2. Rollover Fund Details (for Future Safe policy holders only)

Fund name

ABN

Member/Account number

Unique Superannuation Identifier

Fund Phone

3. Regular payments (for Future Safe policy owners only)

☐ Specify the payment amount 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.

Authorisations

The information we collect on this form will be used to update your policy/investment 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 will compensate the Company if it suffers any loss or liabilities as a result of it acting on or relying on any incorrect, inaccurate or misleading information provided.

Person 1 / Company Officer / Attorney

Signature

Full name

Date

Person 2 / Company Officer / Attorney

Signature

Full name

Date

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