

APPLICATION TO WITHDRAW A LUMP SUM FROM ACCUMULATION ACCOUNT

Name of Fund:

Member's Name:

Dear Trustee(s),

I request to make a lump sum benefit payment from my accumulation account.

I confirm that I have met a condition of release with a 'nil' cashing restriction under the rules of the fund and as required by the SIS Act 1993.

I further confirm that the lump sum amount requested is less than my total accumulation benefits in the fund.

Details of the Lump Sum

Date of Payment: _____

Lump Sum Amount: _____

Yours faithfully,



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Member name: _____

Minutes of Meeting of Trustees/Directors

Name of Fund:

Held at:

Held on:

Attendees:

Lump Sum Payment from Accumulation

The Trustee(s) have received a notification from the member to withdraw a lump sum from their accumulation account.

The details are:

Member Name: _____

Date of Payment: _____

Lump Sum Amount: _____

Trustee Acceptance

The Trustee(s) confirm receipt of the member's notice and confirmation that a 'nil' cashing restriction condition of release has been met.

Trustee Acknowledgment

The Trustee(s) have resolved that the Lump Sum payment be made to the member.

Closure

There being no further business the meeting was declared closed.

Signed as a true and correct record by the Chairperson



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Name: _____

Date: ____/____/____