

Withdrawal Form

OnePath Life Limited
Locked Bag 994
North Sydney NSW 2059

Customer Care:
Phone: 1800 646 706
Email: client.service@zurich.com.au
Website: onepath.com.au

Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.



Policy number(s)

Instructions

This form should be completed if you wish to make a withdrawal.

Please tick (✓) one of the following:

- Pooled Investment Plan
- Future Plans
- Personal Investment Plan
- Traditional Endowment and Whole of Life (Ordinary)

Please complete this form and forward to:

OnePath Life Limited
Locked Bag 994
North Sydney NSW 2059

1. Policy owner details

Owner 1

Title Mr Mrs Ms Miss Dr Other

Surname/Company/Trust name

Given name(s)

Contact phone number

Owner 2

Title Mr Mrs Ms Miss Dr Other

Surname/Company/Trust name

Given name(s)

Contact phone number

Note: If this is a vested Child Advancement Policy, please attach vesting confirmation letter or Policy Schedule and Vesting Schedule.

2. Payment instructions

- Credit my bank, building society or credit union account (complete section 3)
- Mail a cheque (complete section 4)

3. Nominated account for where my proceeds are to be paid

Financial institution

Branch

Account name

BSB number -

Account number

4. Address where cheque is to be sent

Address	State	Postcode
For the attention of		

5. Withdrawal instructions

A withdrawal made before the end of the '10 year period' will result in tax implications. Please contact your financial adviser or contact us on 1800 646 706.

Full withdrawal

Please attach your entire Policy Document and Memorandum of Transfer. If these documents are unable to be located a Statutory Declaration must be completed (see Section 6).

Partial withdrawal

Please indicate the amount to be withdrawn in either dollars or as a percentage against the relevant fund. The minimum withdrawal is \$1,000 (excluding the OnePath Money Market Fund). The minimum account balance after the withdrawal is \$2,500, and \$250 per investment fund.

Note: Partial Withdrawals are not applicable to Personal Investment Plan and Traditional Endowment.

Investment fund

TOTAL

Withdrawal from - amount or percentage

\$					•					•				or				%	
\$					•					•				or					%
\$					•					•				or					%
\$					•					•				or					%
\$					•					•				or					%
\$					•					•				or					%
\$					•					•				or					%
\$					•					•				or					%
\$.				•					•				or	1	0	0		%

6. Statutory Declaration

If you are unable to return your Policy Document and Memorandum of Transfer because they are lost, destroyed or you did not receive them, the following must be completed and witnessed.

Note: The statutory declaration below must be signed in the presence of an authorised witness – usually a Justice of the Peace, a lawyer or a notary public. A full list of acceptable witnesses can be obtained online at onepath.com.au or by calling us on 1800 646 706.

I, (full name)

Address

Suburb/City State Postcode

do solemnly declare that

Policy number

on the life of

issued to me/us by OnePath Life has been lost, destroyed or not received, and that diligent search has failed to locate it. I/We declare that I/we have not assigned or mortgaged this Policy and it has not been pledged, as security for any loan.

I/We further declare that, should the original Policy subsequently be found, I/we shall immediately notify OnePath Life and return it for cancellation.

I/We understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 11 of the *Statutory Declaration Act 1959*, and I believe that the statements in this declaration are true in every particular.

Subscribed and declared at

this day of year

Signature of Owner 1 (sign clearly within the box)

X

Before me (Signature of authorised witness)

X

Signature of Owner 2 (sign clearly within the box)

X

If this Statutory Declaration is signed by an attorney, the attorney acknowledges that there has been no notice of revocation of the Power of Attorney at the time of signing. A certified copy of the Power of Attorney is required

7. Declaration

- My/Our decision in relation to this product is based on the material received, including the terms of my/our Policy which I/we have received, read and understood.
- I/We agree to be bound by the terms of my/our Policy.
- In the event of any inconsistency between the terms of my/our Policy, and other product related information provided to you, the terms of the Policy will prevail.
- I/We accept that OnePath Life Limited may send me/us information about other products or services from time to time.
- I/We acknowledge that the performance of an investment fund is not guaranteed by OnePath Life Limited unless otherwise stated in my/our Policy.
- I/We, the undersigned declare that I/we am/are legally entitled to make the withdrawal from my/our Policy. I/We hereby indemnify OnePath Life Limited against any and all claims relating to reliance on the information provided. I/We acknowledge that payment of the withdrawal value of my/our Policy discharges OnePath Life Limited from all liability under my/our Policy. I/We declare that I/we am/are not insolvent, under administration, or bankrupt.
- I/We acknowledge and consent to the collection, use, storage and disclosure of my personal information (including sensitive information) under OnePath's Privacy Policy, which is available at OnePath's website onepath.com.au/insurance/privacy-policy or by calling Customer Care on 1800 646 706.

Signature of Owner 1

X

Date /

Signature of Owner 2

X

Date /