



Benefit Payment Request Form - Investment or Annuity Products

Using this Form

Please ensure that you read the important notes on how to complete this Form in the Brochure entitled "Ordinary and Annuity Benefit Payment Request Form Brochure" prior to completing the Form. This Form may be used by the owner of an Investment or Annuity policy issued by TAL Life Limited (ABN 70 050 109 450) ('TAL') (**Policy Owner**).

The Form must be completed by the Policy Owner(s) (not the Life Insured) and must be executed in accordance with the **Policy Owner Declaration and Authorisation** contained in section 3 (for a Policy Owner that is a company, trustee or partnership) and section 4 (for individual Policy Owners) of this Form. If you need current information relating to your benefit or require any other assistance, please contact us on 1300 209 088 prior to making a claim for your benefit under this form.

1. POLICY OWNER(S) DETAILS

Policy Number	<input type="text"/>		
Owner 1: full name	<input type="text"/>	Date of birth	<input type="text" value="DD / MM / YYYY"/>
Owner 2: full name (if applicable)	<input type="text"/>	Date of birth	<input type="text" value="DD / MM / YYYY"/>
ABN/ACN (if the policy owner is a company, Trustee or partnership)	<input type="text"/>		
Contact Person (if the policy owner is a company, Trustee or partnership)	<input type="text"/>		
Residential address/ Registered address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Home phone number	<input type="text"/>	Work phone number	<input type="text"/>
Mobile phone number	<input type="text"/>		

2. PAYMENT OPTIONS

Amount you wish to withdraw: Total Benefit or Specify amount \$

If you would like the payment of the benefit deferred, please provide the earliest date of payment:

How would you like your benefit paid? Please tick one of the options below.

- Funds credited to my annuity payment bank account that TAL has on record (Annuity policies only); or
- Cheque posted to my/our address (cheque will be made payable to the Policy Owner(s) & posted to the address in section 1); or
- Amount to be credited to the Policy Owner(s)' account as detailed below (no third party accounts):

Name of financial institution	<input type="text"/>		
Branch location	<input type="text"/>		
BSB (must be 6 digits)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Account number	<input type="text"/>
Name of account holder(s)	<input type="text"/>		

3. DECLARATION AND AUTHORISATION FOR COMPANIES, TRUSTEES OR PARTNERSHIPS

I/we declare that:

1. I/we have read this Form and the Brochure in its entirety and the information provided in this Form is true and correct. I request and consent to the withdrawal of the benefit as described in this Form and authorise TAL to give due effect to this withdrawal.
2. I/we am/are aware that I may ask TAL for information about any fees or charges that may apply, or any other information about the effect this withdrawal may have on my benefits, and do not require any further information for the purpose of this payment request.
3. I/we discharge TAL of all further liability in respect of the benefits paid in cash
4. I/we am/are aware that the value of the benefit entitlement pursuant to this withdrawal is calculated using the latest available unit price (if applicable) at the time of processing the payment.
5. I/we have returned the original Policy Document, or if the original Policy Document cannot be located, or has been misplaced, lost, or destroyed, I/we have submitted a duly executed Statutory Declaration For Lost Policy Form.
6. If the policy ownership has changed, or transferred, or if a new trustee has been appointed since the commencement of your policy, I/we have provided a duly executed Memorandum of Transfer and / or Statutory Declaration.
7. I/we have provided in support of this Form the identification documents as applicable in section 2 of the Ordinary and Annuity Benefit Payment Request Form Brochure.

Name	<input style="width: 100%;" type="text"/>						
	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Partner	<input type="checkbox"/> Attorney	<input type="checkbox"/> Witness
Signature	<input style="width: 100%; height: 30px;" type="text" value="X"/>				Date	<input style="width: 100%;" type="text" value="DD / MM / YYYY"/>	
Name	<input style="width: 100%;" type="text"/>						
	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Partner	<input type="checkbox"/> Attorney	<input type="checkbox"/> Witness
Signature	<input style="width: 100%; height: 30px;" type="text" value="X"/>				Date	<input style="width: 100%;" type="text" value="DD / MM / YYYY"/>	

4. DECLARATION AND AUTHORISATION FOR INDIVIDUALS

I/we declare that:

1. I/we have read this Form and the Brochure in its entirety and the information provided in this Form is true and correct. I/we request and consent to the withdrawal of the benefit as described in this Form and authorise TAL to give due effect to this withdrawal.
2. I/we am/are aware that I may ask TAL for information about any fees or charges that may apply, or any other information about the effect this withdrawal may have on my benefits, and do not require any further information for the purpose of this payment request.
3. I/we discharge TAL of all further liability in respect of the benefits paid in cash.
4. I/we am/are aware that the value of the benefit entitlement pursuant to this withdrawal is calculated using the latest available unit price (if applicable) at the time of processing the payment.
5. I/we have returned the original Policy Document, or if the original Policy Document cannot be located, or has been misplaced, lost, or destroyed, I/we have submitted a duly executed Statutory Declaration For Lost Policy Form.
6. I/we have provided in support of this Form the identification documents applicable to me in section 1 of the Ordinary and Annuity Benefit Payment Request Form Brochure.

Name	<input style="width: 100%;" type="text"/>						
	Capacity (Companies only):		<input type="checkbox"/> Sole Director	<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Partner
Signature	<input style="width: 100%; height: 30px;" type="text" value="X"/>				Date	<input style="width: 100%;" type="text" value="DD / MM / YYYY"/>	
Name	<input style="width: 100%;" type="text"/>						
	Capacity (Companies only):		<input type="checkbox"/> Sole Director	<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Partner
Signature	<input style="width: 100%; height: 30px;" type="text" value="X"/>				Date	<input style="width: 100%;" type="text" value="DD / MM / YYYY"/>	

Ordinary and Annuity Benefit Payment Request Form Brochure

How to use this Brochure

This brochure is to be read in conjunction with the Benefit Payment Request Form – Investment or Annuity Products form (Form).

1. PROOF OF IDENTITY – POLICY OWNED BY ONE OR MORE INDIVIDUALS

In order for us to release your benefit, we require you to provide us with the following identification for each Individual Policy Owner.

- Certified copy of your Driver's Licence or
- Certified copy of your Passport (photo page only) AND a certified copy of one of the following documents showing your current residential address: Motor Vehicle Registration or Insurance papers, Property Rates Notice, Property Lease Agreement, Home Insurance papers, Utility Bills (eg. telephone, electricity or gas), Bank or Credit Card statement. Note that these documents must be 12 months old or less.

If a Passport or a Driver's Licence is not available, please supply one (1) document from List A and one (1) document from List B below.

LIST A

- Certified copy of your Birth/Citizenship Certificate.
- Certified copy of your Centrelink Pension Card.

LIST B

- Certified copy of a Centrelink Payment Letter.
- Certified copy of a Government or Local Council Notice (which must be no more than 12 months old at the time your Form is submitted to us) containing your current name and address. Examples of such documents include an Australian Taxation Office notice of assessment or a rates notice from council.
- Certified copy of a Concession Card. The following Concession Cards are accepted: a Pensioner Concession Card, a Health Care Card or a Seniors Health Card.

Please note that we are unable to process your request for the payment of benefit made under the Form without the required proof of identity listed above. TAL may request the **original** certified copies. Please keep them in a safe place.

Original Policy Document

You will also need to return to us the original Policy Document with the Form. If the original Policy Document has been lost, each Policy Owner must complete and return to us a Statutory Declaration For Lost Policy Form. This form is available from our website www.tal.com.au or by contacting us on 1300 209 088.

To avoid any delay in processing your benefit payment request, please refer to section 4 entitled **Certification of identification documents** and section 5 entitled **Checklist for certifying identification documents** for information on how to properly certify the identification documents listed above.

Note: TAL reserves the right to request additional identification documentation from the Policy Owner or holder of the nominated account.

2. PROOF OF IDENTITY – POLICY OWNED BY A COMPANY, TRUSTEE(S) OR PARTNERSHIP

In order for us to release your benefit, we require you to provide us with the following identification:

- if the Policy Owner is a company, a certified copy of documentation on letterhead from ASIC, ATO or the fund's accountant, confirming the person (by name) and the capacity in which they act in respect of the company; or if an attorney signs the Form, a certified copy of the Power of Attorney which has not been revoked to verify the currency of the Power of Attorney.
- if the Policy Owner is an individual trustee of a trust or self-managed superannuation fund, where one or more individual trustees are authorised to sign on behalf of all other trustees, a certified copy of the deed or the relevant instrument providing the authorisation.
- if the Policy Owner is a partnership, a certified copy of documentation which evidences the capacity in which the person signs for the Partnership or a certified copy of the Power of Attorney which has not been revoked to verify the currency of the Power of Attorney.

Please note that we are unable to process your request for the payment of benefit made under the Form without the required proof of identity listed above.

Original Policy Document

You will also need to return to us an original Policy Document with the Form. If the original Policy Document has been lost, the Policy Owner must complete and return to us a Statutory Declaration For Lost Policy Form. This form is available from our website www.tal.com.au or by contacting us on 1300 209 088.

2. PROOF OF IDENTITY – POLICY OWNED BY A COMPANY, TRUSTEE(S) OR PARTNERSHIP (CONTINUED)

To avoid any delay in processing your benefit payment request, please refer to section 4 entitled Certification of identification documents and section 5 entitled Checklist for certifying identification documents for information on how to properly certify the identification documents listed above.

Note: TAL reserves the right to request additional identification documentation from the Policy Owner or holder of the nominated account.

3. DECLARATIONS AND SIGNING

Declaration applicable to one or more individual Policy Owner(s)

Please ensure you have carefully read and understood the declarations contained in section 4 of the Form prior to signing.

Declarations applicable to a Policy Owner that is a company, trustee or partnership

Please ensure you have carefully read and understood the declarations contained in section 3 of the Form prior to signing.

How to properly sign the Form if you are an individual Policy Owner

- If you are an individual, the Form must be signed by you or your attorney. If an attorney signs the Form on your behalf then you must also attach a certified copy of the Power of Attorney which has not been revoked and we will forward you a suitable execution form
- If there is more than one Policy Owner, then the Form must be signed by each Policy Owner in the manner described above.

Have you changed your name or are signing on behalf of another person?

- If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.
- The following table contains information about suitable linking documents.

Purpose	Suitable Linking Document
Change of name	Marriage certificate, Deed poll or Change of name certificate
Signed on behalf of the Policy	Guardianship papers or Power of Attorney

How to properly sign the Form if you are a Policy Owner that is a company, trustee or partnership

- If you are a Policy Owner that is company, trustee or partnership, you must sign under section 3 of the Form.
- If you are a company, the Form must be signed either by:
 - a director and a secretary or two directors and dated. If the company has a sole director, then the Form must be signed by that sole director and dated; or
 - an authorised representative in the presence of a witness and dated. The witness must also sign and ensure it is dated; or
 - an attorney in the presence of a witness and dated. The witness must also sign and ensure his or her signature is dated.
- If you are a partnership, the Form must be completed and signed by:
 - each partner; or
 - one or more partners authorised under the partnership deed or the relevant instrument to sign on behalf of all others; or
 - a partner authorised under a Power of Attorney to sign on behalf of all other partners, witnessed and dated. The witness must also sign and ensure his or her signature is dated.
- If you are individual trustees of a trust or a self-managed superannuation fund, the Form must be completed by:
 - each individual trustee; or
 - one or more individual trustees authorised under the trust deed or the relevant instrument to sign on behalf of all other trustees.

If the Form is not executed in accordance with the above instructions and/or the verification documentation requested is not provided, we may be unable to process your request.

4. CERTIFICATION OF IDENTIFICATION DOCUMENTS

All submitted copies of identification documents (including any linking documents described below) need to be certified as true and correct copies of the original by a certifier who has the necessary qualifications and authorisations to certify as set out in the point below

- The certifier must sight the original document and copy of the original document and ensure that the copy of the original document is certified as true and correct copies of the original by writing or stamping on the first page of each such document the following words:
 - In respect of a photograph on a photographic document such as a licence or passport: "I certify that I have seen the original documentation and that the photocopy is a true likeness and this copy is a complete and accurate copy of that original";
 - OR**
 - For any other documents: "I certify that I have seen the original documents and this copy is a true and correct copy of that original".
- Please ensure that the above certification wording is followed by inserting the certifier's [full name], [signature], [date], [qualification of the person certifying the documents – e.g. JP (see below for a list of persons with the requisite qualifications and authorisations)], [Qualification/Registration Number/Licence Number/official stamp, as applicable – e.g. JP ID or notary public registration number], [business address], [telephone number].
- If the document has more than one page, then the remaining pages must all be initialled by the certifier.
- The following persons have the necessary qualifications and authorisations to certify copies of original documents as true and correct copies:

4. CERTIFICATION OF IDENTIFICATION DOCUMENTS (CONTINUED)

Certification of personal documents

All submitted copies of identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so.

The person who is authorised to certify documents must sight the original and the copy and make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification and date.

The following people may certify your personal documents and also witness you signing this form:

1. Chiropractor
2. Dentist
3. Legal practitioner
4. Medical practitioner
5. Nurse
6. Optometrist
7. Patent attorney
8. Pharmacist
9. Physiotherapist
10. Psychologist
11. Trade marks attorney
12. Veterinary surgeon
13. Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
14. Australian Consular Office of Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1995*)
15. Bailiff
16. Bank officer with 5 or more continuous years of service
17. Building society officer with 5 or more continuous years of service
18. Chief executive officer of a Commonwealth court
19. Clerk of a court
20. Commissioner for Affidavits
21. Commissioner for Declarations
22. Credit union officer with 5 or more continuous years of service
23. Employee of the Australian Trade and Investment Commission who is:
 - a. in a country or place outside Australia, and
 - b. authorised under paragraph 3(d) of the *Consular Fees Act 1995*, and
 - c. exercising his or her function in that place
24. Employee of the Commonwealth who is:
 - a. in a country or place outside Australia, and
 - b. authorised under paragraph 3(d) of the *Consular Fees Act 1995*, and
 - c. exercising his or her function in that place
25. Fellow of the National Tax Accountants' Association
26. Finance company officer with 5 or more continuous years of service
27. Holder of a statutory office not included in this list
28. Judge of a court
29. Justice of the Peace
30. Magistrate
31. Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
32. Master of a court
33. Member of Chartered Secretaries Australia
34. Member of Engineers Australia, other than at the grade of student
35. Member of the Australian Defence Force who is:
 - a. an officer, or
 - b. a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service, or
 - c. a warrant officer within the meaning of that Act
36. Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
37. Member of:
 - a. the Parliament of the Commonwealth, or
 - b. the Parliament of a State, or
 - c. Territory legislature, or
 - d. a local government authority of a State or Territory
38. Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
39. Notary public
40. Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
41. Permanent employee of:
 - a. the Commonwealth or a Commonwealth authority, or
 - b. a State or Territory or a State or Territory authority, or
 - c. a local government authority with 5 or more years of continuous service who is not included in this list
42. Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
43. Police officer
44. Registrar, or Deputy Registrar, of a court
45. Senior Executive Service employee of:
 - a. the Commonwealth or a Commonwealth authority, or
 - b. a State or Territory or a State or Territory authority
46. Sheriff
47. Sheriff's officer
48. Teacher employed on a full-time basis at a school or tertiary education institution
49. Member of the Australasian Institute of Mining and Metallurgy

5. CHECKLIST FOR CERTIFYING IDENTIFICATION DOCUMENTS

1. Has the person certifying the document included the following certification wording?

"I certify that I have seen the original documentation and that the photocopy is a true likeness and this copy is a complete and accurate copy of that original"

OR

"I certify that I have seen the original documents and this copy is a complete and accurate copy of that original",

2. Has the person certifying the document set out the following details after the certification wording?

- [full name], [signature], [date], [qualification of the person certifying the documents – e.g. JP], [Qualification Number/Registration Number/Licence Number/Official stamp, as applicable – e.g. JP ID or notary public registration number], [business address], [telephone number].

6. CHANGE IN POLICY OWNERSHIP

If policy ownership has changed since the commencement of the policy and this change has not been endorsed on the policy document recorded on TAL's register, you will need to provide documentation evidencing the change in ownership before benefits under the policy can be withdrawn. If the policy has been transferred, a Memorandum of Transfer will need to be executed by both the transferor and transferee, registered by TAL and endorsed on the original policy document. Alternatively, if the investment is made on behalf of a trust (including a superannuation fund) and the trust remains the same but the trustee has changed, the new trustee may advise us of the change in a Statutory Declaration form. A pro-forma Memorandum of Transfer and/or Statutory Declaration form may be obtained by calling us on 1300 209 088.

7. ORIGINAL POLICY DOCUMENT (NOT APPLICABLE FOR ANNUITIES)

To process your request for a withdrawal of benefits from your policy, we will require your original Policy Document to be returned to us. If your original Policy Document cannot be located or has been misplaced, lost or destroyed, each person executing the Form will need to complete a form entitled "Statutory Declaration For Lost Policy Form". The form is available from our website www.tal.com.au or by contacting us on 1300 209 088.

Note: TAL may be required to advertise the fact that the policy has been lost or destroyed, in which case, payment of your benefit may be delayed by a further one month (in addition to other processing and verification times) whilst this occurs. If advertising is required, a \$50.00 administration charge will apply. The charge will be deducted from your benefit value prior to the payment.

8. TAXATION

Please note that there are income tax implications for partially or fully redeeming your investment within 10 years. These implications and the way in which the 10 year rule works, are set out in the Investment Update.

9. PRIVACY

The way in which TAL collects, uses and discloses your personal and sensitive information is described in the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy or on request. If you have any questions regarding your privacy, please contact our Privacy Officer on 1300 209 088 or GPO Box 5380, Sydney NSW 2001.

TAL may collect, use or disclose your personal and sensitive information to assess, verify and process an insurance policy or claim. Your information may be collected from or disclosed to other entities in accordance with our Privacy Policy under current privacy legislation and these may include superannuation trustees, their administrators, employers, medical practitioners, health professionals, reinsurers, accountants, lawyers and Government departments where relevant.

10. CONTACT DETAILS

TAL Life Limited, GPO Box 5380, SYDNEY NSW 2001.

If you have any questions please contact us on the details below.

Call 1300 209 088

Monday to Friday 8.00am - 7.00pm (AEST/AEDT)

Email: customerservice@tal.com.au

Website: www.tal.com.au