



Withdrawal Form

Vanguard® Personal Pension Plan

Please complete this form to withdraw your benefits from the Vanguard® Personal Pension Plan or rollover benefits to another provider. Please complete the relevant sections in BLOCK letters.

Valid instructions received by 12:00 pm (Melbourne Time) will be processed on that business day. Redemption proceeds will be credited to your nominated bank account within 5 business days. Please refer to the Product Disclosure Statement for further details.

1. Complete your personal details (please use block letters)

Account number

Have you recently changed address? (please tick) Yes No

Title (please circle) Mr / Ms / Mrs / Miss / Other

Given names _____ Surname _____

Date of birth _____ TFN

Gender (please tick) Male Female

Full residential address (must NOT be a PO Box) _____

State _____ Postcode _____

Postal address (if different from above) _____

State _____ Postcode _____

Business phone _____ Mobile phone _____

Home phone _____

Email address _____

2. Cash withdrawal

Please tick the appropriate option below if you wish to make a cash withdrawal and proceed to Step 4. Note that by signing this withdrawal form, you are making a declaration that the information provided is correct.

- I have reached my Preservation Age (refer to page 32 of your Vanguard® Personal Pension Plan Product Disclosure Statement dated 9 November 2007) and have permanently retired from the work force (i.e. I have ceased gainful employment and do not intend to be gainfully employed for more than 10 hours a week)
- I wish to withdraw my unrestricted non-preserved benefits

Payment amount: \$ _____

If you are making a partial withdrawal, please specify whether the amount requested is: Before tax After tax

Note that if you are making a withdrawal, tax may be deducted from the withdrawal amount requested.

Your account name must include your member name as in Step 1.

Account name (e.g. John Smith) _____

BSB no. - Account no.

Name of financial institution _____

Please note if the bank account has not been nominated on this form, a cheque will be issued in the name of the member.



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3. Rollover to external provider

I wish to rollover an amount to another superannuation provider

Transfer my entire account balance

Transfer the following amount: \$

Member number or Superannuation Product Identification Number (SPIN)

Fund name (in full)

Fund address

State

Postcode

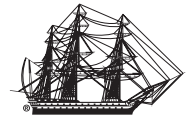
Superannuation Fund Number (SFN)

ABN

Make cheque payable to:

4. Fund withdrawal (must be completed)

	Dollar amount	OR	Units or % of holding
<i>Diversified investment options</i>			
Vanguard® LifeStrategy® – Conservative	\$		
Vanguard® LifeStrategy® – Balanced	\$		
Vanguard® LifeStrategy® – Growth	\$		
Vanguard® LifeStrategy® – High Growth	\$		
<i>Asset sector investment options</i>			
Vanguard® Cash Plus	\$		
Vanguard® Australian Fixed Interest	\$		
Vanguard® Property Securities	\$		
Vanguard® Australian Shares	\$		
Vanguard® International Shares	\$		
Vanguard® International Shares (Hedged)	\$		


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5. Signature and declaration

I declare that I have met a condition of release as detailed on page 32 of the Vanguard Personal Pension Plan Product Disclosure Statement and that the information in this form is true and correct. I acknowledge that Vanguard may deduct tax from any amount withdrawn and provide personal information to my nominated rollover fund and/or regulatory bodies as required by law. I understand that penalties may apply for false declarations.

Signature

Date

Note: Please ensure you provide a certified copy of your driver's licence, passport or birth certificate, if not previously provided

Contacting Vanguard

You can return this form by fax or post.

Fax
1300 765 712

Mail
Vanguard Personal Pension Plan
GPO Box 3006FF
Melbourne Vic 3001

More information
1300 655 101
Vanguard Client Services are available from 8:00 am to 6:00 pm
Monday to Friday (Melbourne Time)