

ISSUED 29 January 2026  
FUND ABN 68 964 712 340 | USI 68964712340018

Complete this form to apply to make a lump sum withdrawal from your Verve Super account, or to transfer some or all of your Verve Super account to another super fund.

This form and accompanying documents can be posted to **Verve Super, GPO Box 2753, Brisbane QLD 4001** or scanned and emailed to [hello@vervesuper.com.au](mailto:hello@vervesuper.com.au). If you have any questions or need assistance in completing this form, please contact us on **1300 799 482** or [hello@vervesuper.com.au](mailto:hello@vervesuper.com.au).

Before submitting this form, please ensure that you understand how tax might apply to the withdrawn amount and how making a withdrawal from your super can impact the balance available to you in retirement. You can find detailed information about Verve Super in our **Product Disclosure Statement (PDS)**, **Target Market Determination (TMD)**, **How Verve Super Works Guide**, **Insurance Guide**, and **Financial Services Guide**, all of which can be obtained from [www.vervesuper.com.au](http://www.vervesuper.com.au) or on request by phoning **1300 799 482**.

**IMPORTANT -**

Different forms apply for withdrawal requests **on compassionate grounds**; because of **severe financial hardship**, **permanent incapacity** or **terminal medical condition**; or if you wish to participate in the **First Home Super Savers Scheme**. Additional forms may be required for the **Trans-Tasman Portability Scheme** or if you are **Permanently Departing Australia**. Visit [www.vervesuper.com.au](http://www.vervesuper.com.au) for a copy of the relevant form or contact us for more information.

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## Section 1: Personal Details

GIVEN NAME(S)

SURNAME

MEMBER NUMBER

DATE OF BIRTH (DD/MM/YYYY)

  /   /    

MOBILE PHONE

EMAIL ADDRESS\*

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

\*By providing your email address, you consent and authorise us to send you communications, including information required by law, in electronic format (email or similar technologies) whenever possible. You can elect to receive communications by post at any time by contacting Verve Super on **1300 799 482** or by email at [hello@vervesuper.com.au](mailto:hello@vervesuper.com.au).

## Section 2: Withdrawal Information

Please select **one** of the three options below.

### OPTION 1 – Make a lump sum withdrawal from your account

We are only able to action your lump sum withdrawal request if you meet a prescribed condition of release. See Section 3 below.

Do you wish to withdraw your entire account balance?

If you withdraw your entire account balance any insurance cover you hold with Verve Super will cease and your account will be closed.

YES NO

If no, how much would you like to withdraw?

The amount specified above is a gross amount, and tax may be payable.

Please specify your bank account details.

We generally only make payments into an Australian bank account that's in your name or held jointly in your name with another person. If you are requesting payment to an overseas bank account as part of a Departing Australia Superannuation Payment (DASP), a \$35 banking transfer fee may be applied.

ACCOUNT NAME

NAME OF FINANCIAL INSTITUTION

BSB

ACCOUNT NUMBER

Please provide a copy of your bank statement which is less than 12 months old, showing your account details and full name (transaction history can be redacted).

### OPTION 2 – Rollover to another superannuation fund

Choose this option if you wish to transfer your super to another fund within the Australian superannuation system.

Do you wish to rollover your entire account balance to another super fund?

If you withdraw your entire account balance any insurance cover you hold with Verve Super will cease and your account will be closed.

YES NO

If no, how much would you like to rollover?

Please specify the details of your new superannuation fund below:

NAME OF FUND

FUND USI

FUND ABN

MEMBER NUMBER

FUND ADDRESS

Is this a self-managed super fund?

NO

YES – PLEASE SPECIFY YOUR ELECTRONIC SERVICE ADDRESS (ESA)

If yes, please provide a certified copy of the self-managed super fund's bank statement that is less than 12 months old.

The document must show your self-managed super fund's name and be on an official bank letterhead.

## OPTION 3 – Transfer to a KiwiSaver fund

Choose this option if you have moved permanently to New Zealand and wish to transfer your super to a KiwiSaver fund. If you are requesting payment to a KiwiSaver fund, a \$35 banking transfer fee may be applied.

Do you wish to transfer your entire account balance to a KiwiSaver fund?

Once your Verve Super account is transferred to your KiwiSaver fund, we will close your account, any insurance you hold through Verve Super will cease, and your retirement savings will generally be subject to New Zealand's retirement savings rules.

YES

Please specify the details of your new superannuation fund below:

NAME OF FUND

MEMBER NUMBER

FUND ADDRESS

### Please also provide:

- A letter from your KiwiSaver fund confirming that they are a compliant KiwiSaver fund. This can be obtained directly from the KiwiSaver fund.
- The bank account details required for transfer to your KiwiSaver fund. These can be obtained directly from your KiwiSaver fund.
- A Statutory Declaration stating that you have relocated to New Zealand and intend to reside there permanently. This can be an Australian or NZ statutory declaration.
- Proof of NZ residency clearly showing your name and address, e.g., rental documents, utilities, etc.

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## Section 3: Condition of Release

**Only** complete this section if you are applying for a lump sum withdrawal from your account (option 1 in section 2 above).

### A. Preservation age met

Superannuation law requires that you must meet a condition of release to be eligible to withdraw your super. Please tick the box below which best describes your situation.

I have reached my preservation age, ceased employment and permanently retired<sup>#</sup> from the workforce. I am at least 60 years of age and I have changed jobs or ceased gainful employment<sup>^</sup> since attaining age 60. I am at least 65 years of age.

I have ceased paid employment and wish to access a restricted–non preserved component of my super balance.

<sup>#</sup> Permanently retired is defined as never being gainfully employed again for more than 10 hours per week.

<sup>^</sup> Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, calling, occupation or employment.

If applicable, check with your employer to ensure that any final contributions have been paid into your account before you complete this form. If we receive any late contributions and your account has already been closed, we will have to open a new account for you in order to accept the contributions.

**B. If you are not eligible to make a lump sum withdrawal based on your age or retirement status, you may only use this form to access your super under the following conditions.**

Superannuation law requires that you must meet a condition of release to be eligible to withdraw your super. Please tick the box below which best describes your situation.

I have applied for a Departing Australian Superannuation Payment (DASP) and my eligibility has been confirmed by the Australian Government Department of Home Affairs.\*

My account balance is less than \$200 and my gainful employment# has been terminated.

**\*Please also provide:**

- A copy of the Australian Government Department of Home Affairs Eligibility Confirmation Letter.
- A certified copy of your passport.

# 'Gainful employment' means employed or self-employed for gain or reward in any business, trade, profession, calling, occupation or employment.

If applicable, check with your employer to ensure that any final contributions have been paid into your account before you complete this form. If we receive any late contributions and your account has already been closed, we will have to open a new account for you in order to accept the contributions.

If you do not meet a condition of release, your funds will be preserved and unable to be released until such a condition is met.

**IMPORTANT –**

If you are seeking to withdraw your super by means of early release of super on **Compassionate Grounds**; due to **Severe Financial Hardship**, **Permanent Incapacity**, or a **Terminal Medical Condition**; or if you wish to participate in the **First Home Super Savers Scheme** please contact us at [hello@vervesuper.com.au](mailto:hello@vervesuper.com.au) or on **1300 799 482**. This form cannot be used to release the funds to you.

## Section 4: Verification of Identity

Please select one of the two options below.

**OPTION 1 – I want to attach paper copies of certified ID**

Please ensure that you provide photocopies and not originals of your identification documents and that each page of each document is correctly certified as a true copy. For more information, see the **Providing Certified ID Factsheet** available from [www.vervesuper.com.au](http://www.vervesuper.com.au).

If the documents you provide are not correctly certified or are unable to be read, we will request that you resend an acceptable copy. We are not able to action your withdrawal request until you have provided us with the information we require.

**OPTION 2 – I want to use electronic verification**

You must provide all requested details for **at least two of the forms of ID listed on the following page** (if you are unable to provide this information you will need to provide certified ID as per option 1).

If the information that you provide is incorrect, we will not be able to action your withdrawal request until you have provided us with the correct information that we require.

By electing to verify my ID electronically, I consent to the collection, use and disclosure of my personal information in accordance with Verve Super's **Privacy Policy**. I consent to my personal information being disclosed to a credit reporting agency and/or my information being checked with the document issuer or official record holder for the purpose of verifying my identity.

**AUSTRALIAN PASSPORT** Please complete the details exactly as they appear on your Passport

PASSPORT NUMBER

FIRST NAME

LAST NAME

DATE OF BIRTH

/ / 

SEX

**MEDICARE CARD** Please complete the details exactly as they appear on your Medicare Card

CARD NUMBER

REFERENCE NUMBER

FIRST NAME

LAST NAME

DATE OF BIRTH

/ / 

CARD EXPIRY DATE

/ 

**AUSTRALIAN DRIVERS LICENCE** Please complete the details exactly as they appear on your Licence

LICENCE NUMBER

STATE OF ISSUE

FIRST NAME

LAST NAME

DATE OF BIRTH

/ / 

CARD NUMBER (IF APPLICABLE)

## Section 5: Declarations and Signature

*By completing this form, I declare that:*

- I have made an informed decision because I have read and understood the Product Disclosure Statement and all related documents to which this withdrawal request applies, available at [www.vervesuper.com.au](http://www.vervesuper.com.au).
- All of the details I have provided are true and correct.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment or transfer request.
- I have attached all additional documents as requested in this form that are applicable to my application.
- I understand that I can request appropriate information that I may reasonably require from Verve Super for the purpose of understanding my benefit entitlement, including information about fees and charges that may apply.
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of withdrawing my benefit and that I should consult an appropriately qualified adviser for such advice.
- I have read the Privacy Statement (below) and consent to Verve Super using my personal information for the purposes as stated.

SIGNATURE\*

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\* This form accepts an electronic signature or an original 'wet' signature.

PRINT NAME

DATE

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PRIVACY STATEMENT:** By signing this form you consent to Verve Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed, and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. For more information about how your personal information is handled, please view our Privacy Policy at [www.vervesuper.com.au](http://www.vervesuper.com.au), phone **1300 799 482** or email us at [hello@vervesuper.com.au](mailto:hello@vervesuper.com.au). The Trustee's privacy statement can be found at [www.eqt.com.au/global/privacystatement](http://www.eqt.com.au/global/privacystatement).