



EARLY RELEASE OF SUPER DUE TO PERMANENT INCAPACITY

This is the form you should fill out to make a withdrawal from your Future Super account due to permanent incapacity.

This form must be posted to Future Super GPO Box 1858, Sydney, NSW 2001

Section 1 Personal details

Given Name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Member number	<input type="text"/>				
Date of Birth	<input type="text"/>				
Gender	<input type="text"/>				
Phone number	<input type="text"/>				
Email address	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

Section 2 Diagnosis

Please list all medical conditions (illness, injury or disability) which impact on your capacity to work:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 3 Verification of Identity

Option 1 – I want to attach paper copies of certified ID.

Please ensure that you provide photocopies of your original identification documents and that they are correctly certified. Each page must be certified as a true copy.

If the documents you provide are not correctly certified or are unable to be read, you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party green id validation provider, including confirming your document is valid with the original document issuer.

Option 2 – I want to use electronic verification

By providing the information below you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party green id validation provider, including confirming your document is valid with the original document issuer.

You must provide at least 2 of the following (if you are unable to provide this information you will need to provide certified ID as per option 1):

Australian Passport Please complete the details exactly as they appear on your Passport

Passport number	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
Sex	<input type="text"/>		

Medicare Card Please complete the details exactly as they appear on your card

Card number	<input type="text"/>	Reference number	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Card Expiry date	<input type="text"/>

Australian Drivers Licence Please complete the details exactly as they appear on your Licence

Licence number	<input type="text"/>	State of issue	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>		

Section 4 Withdrawal information

Are you applying for your full account balance to be released? Yes No

If no, how much would you like to withdraw?

\$

Please note the amount specified above is a gross amount, tax may be payable on withdrawals. You must leave at least \$200 in your account. Please specify your account details below:

Account Name

BSB

Account Number

Section 5 Declaration and Signature

By completing this form I declare that:

- I have read and understand the information in the Future Super Product Disclosure Statements (PDS) and related documents.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment
- I confirm the details I have provided above are correct
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of paying out my benefit and that I should consult an appropriately qualified adviser for such advice.
- I understand that I can request appropriate information that I may reasonably require from the Fund for the purpose of understanding my benefit entitlement, including information about fees and charges that may apply
- A withdrawal fee may be paid each time a benefit is paid
- By providing my email address, I consent and authorise Future Super to send communications or information in electronic format, including information required by law, to you via email or similar technologies. I understand there is a Privacy Policy available at the Grosvenor Pirie website

x

.....

Signature

...../...../.....

Date

Processing Checklist

The trustee will not begin assessing your application until all of the following have been received:

- Form completed and signed
- Statutory declaration
- Verification of ID
- Medical reports completed by two independent registered medical practitioners

MEDICAL REPORT

This form must be completed by a registered medical practitioner

Member name Member number

I, the undersigned, understand that the abovementioned, being a member of the Future Super, has ceased to be gainfully employed and has made claim on the Fund for payment of his / her benefit on the grounds of permanent incapacity.

The members permanent incapacity has been caused by:

In accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations (Regulation 6 01 (2) and the Income Tax Assessment Act 1936 (Section 27G) covering payment of benefits due to permanent incapacity, I certify that in my opinion, the abovementioned member is unlikely ever again to engage in gainful employment for which he / she is reasonably qualified by education, training or experience.

Name	<input type="text"/>
Qualifications	<input type="text"/>
Provider number	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

x
.....
Signature of medical practitioner

...../...../.....
Date

MEDICAL REPORT

This form must be completed by a registered medical practitioner

Member name Member number

I, the undersigned, understand that the abovementioned, being a member of the Future Super, has ceased to be gainfully employed and has made claim on the Fund for payment of his / her benefit on the grounds of permanent incapacity.

The members permanent incapacity has been caused by:

In accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations (Regulation 6 01 (2) and the Income Tax Assessment Act 1936 (Section 27G) covering payment of benefits due to permanent incapacity, I certify that in my opinion, the abovementioned member is unlikely ever again to engage in gainful employment for which he / she is reasonably qualified by education, training or experience.

Name	<input type="text"/>
Qualifications	<input type="text"/>
Provider number	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

x

 Signature of medical practitioner

...../...../.....
 Date

EARLY RELEASE OF BENEFIT DUE TO PERMANENT INCAPACITY FORM
STATUTORY DECLARATION

I (insert name)....., (insert address).....
(insert occupation)..... do solemnly and sincerely declare that the
information provided by me in the 'Early Release of benefit due to Permanent Incapacity Form – Part
I' annexed to this Statutory Declaration is true and correct.

I also declare that I am unable to engage in gainful employment for which I am reasonably qualified
by education, training or experience.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended (the Act)
and subject to the penaltiesⁱ provided in that Act for the making of false statements in the statutory
declarations, conscientiously believing the statements contained in the declaration to be true in
every particular.

Signed
(Signature of person making the declaration) - (Please sign in front of an authorised witness)

Declared at
(Location)

On
(Date)

Authorised witness before me
(Name of authorised witness – please print. Note the authorised witness must be either a: Justice of
The Peace, Doctor, pharmacist or Australia Post Officer)

X.....
(Signature of person before whom the Declaration is made)

X.....
(Insert qualifications and address of person before whom the declaration is made)

ⁱ - A person who wilfully makes a false statement in a Statutory declaration under the Statutory
Declaration Act 1959 as amended is guilty of an offence against this Act the punishment for which is
a fine not exceeding \$200 or imprisonment for a term not exceeding 6 months or both if the offence

is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.