

Early release of super due to Permanent Incapacity

How to make a claim

<p>1</p> <h3>Am I eligible?</h3>	<p>Permanent Incapacity means you're suffering ill-health (whether physical or mental) and two legally qualified medical practitioners have certified that, because of the ill-health, it's unlikely you'll ever be gainfully employed in a capacity that you're reasonably qualified for, by education, training or experience.</p> <p>To be eligible for early release of super due to permanent incapacity you need to be able to provide proof for the Trustee of Sunsuper to be reasonably satisfied that you meet the criteria.</p>
<p>2</p> <h3>How much can I claim?</h3>	<p>If you're eligible, you'll be able to cash-out your entire balance or choose to make a partial withdrawal. If you only make a partial withdrawal the following minimum balance limits will apply: Solutions: \$1,000 or \$1,500 if you wish to maintain any insurance cover Corporate: refer to your <i>Sunsuper Corporate Product Disclosure Statement (PDS)</i>.</p> <p>If you have insurance cover through your super you may also be able to claim an insurance benefit. You can check your <i>Annual statement</i> or contact us for more details or to make a claim.</p>
<p>3</p> <h3>What documents do I need?</h3> <p>You'll need to gather these documents to support your claim. For more details on these document requirements please read the next page.</p>	<p>Certified copies of identification documents.</p> <p>Two <i>Medical practitioners certificates</i> that have been completed by separate doctors. Any charges relating to the completion of these certificates will be your responsibility.</p> <p>If requesting a cash deposit into your bank account: - a certified copy of bank documents.</p> <p>If requesting a transfer into a self-managed superannuation fund: - evidence that you (or your company) are a Trustee of the fund - proof that the fund is a complying superannuation fund.</p> <p>Any other documents to support your application.</p>
<p>4</p> <h3>How do I apply?</h3>	<p>Prepare your application and send it to us: Make sure you complete all of the forms attached and gather all of your required certified documents. Completing all the forms correctly will save time and help us process your claim.</p> <p>Processing your claim: We'll check your application is complete and contact you if we need further details. Please note that claims officers don't review medical evidence or make any decisions about your application. They'll act as a liaison between you and the Sunsuper Trustee, and answer any questions you may have during the claim process.</p> <p>Payment of your claim: If your claim is accepted, payment will be made to you by the method you indicate on the application form. You'll also receive a <i>Member benefit statement</i> and a <i>PAYG payment summary - superannuation lump sum form</i>.</p>

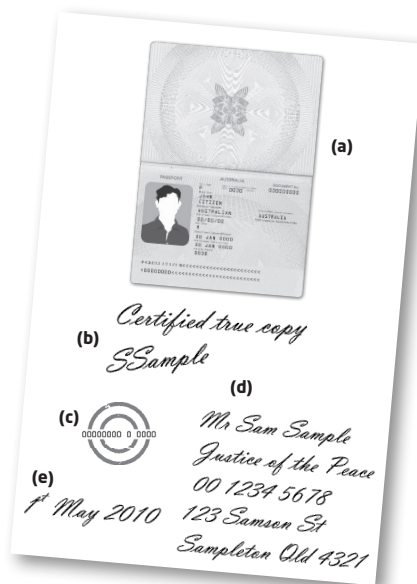
Please return your completed application to Sunsuper GPO Box 2924 Brisbane Qld 4001

Supporting documentation

Refer to the *Proof of identity fact sheet* at sunsuper.com.au for further details.

How your proof of identity document should look

- Copy of the document that identifies you, (i.e. your driver's licence or passport),
- Displays 'Certified true copy of original document' written or stamped and signature of authorised person,
- Authorised person's stamp and registration number (if applicable),
- Name, qualification, phone number and address of authorised person, and
- Date of authorisation.



Important notes on identification

- We reserve the right to request additional information to verify your identity before paying your claim.
- We cannot accept documents which have expired.** If an expired document is received, we will not be able to process your claim until suitable identification has been provided.
- If you're providing a document that's not in English, you also need to provide an English translation prepared by an accredited translator. For further information on this, please call us on **13 11 84**.
- If signing on behalf of the member, we require certified copies of Guardianship papers or proof of Power of Attorney.

What do we mean by certified?

We understand you'll want to provide us with copies of your ID documents rather than the originals. That's fine, but you must have them 'certified'. This means the certifier must:

- Sight the original and the copy to make sure both documents are identical, and
- Write or stamp 'certified true copy of original document' on each page of the copy, and
- Sign and print their name, qualification (e.g. Justice of the Peace, Australia Post employee), and the date on each page of the document. They should also include their stamp and/or registration number (if applicable).

Who can certify?

- Justice of the Peace (including Commissioner for Declarations)
- Police Officer
- One of the following with 2 or more years of continuous service:
 - Australia Post permanent employee
 - Financial Institution Officer e.g. bank employee
 - Australian Financial Services Licensee, authorised representative or officer.

For a full list of who can certify, please refer to the fact sheet on our website.

What is an acceptable identification document?

To verify your identity please attach a certified copy of:

- Your current driver's licence or current passport or current national identity card that contains your photo, name and **EITHER** residential address **OR** date of birth (please copy and certify both front and back sections if relevant), **OR**
- Your birth certificate, Australian birth extract, Citizenship certificate **OR** current Centrelink pension card **AND** a current rates, electricity or gas notice (no more than 3 months old) or assessment from the Australian Taxation Office (no more than 12 months old) showing your name and current residential address.

Have you changed your name?

If you've changed your name and you haven't previously let us know, you'll need to complete a *Change of details* form and provide a certified copy of your *marriage certificate* or *change of name certificate* (must be obtained from the Births, Deaths and Marriages Registration office or relevant government source from the issuing country), *deed poll*, *decree nisi* or other document satisfactory to us (linking document).

Proof of Permanent Incapacity

We've included two *Medical practitioners certificates* at the end of this form. You'll need to have these completed by two separate

registered medical practitioners, confirming that you're permanently incapacitated. They'll need to confirm that in their opinion, because of your ill-health, it's unlikely you'll ever be gainfully employed in a capacity that you're reasonably qualified for, by education, training or experience.

Any charges relating to the completion of these *Medical practitioners certificates* will be your responsibility.

Bank documents

If you select to receive a cash payment into your bank account you need to include your bank documents. To do this, we require you to provide either an original bank document (e.g. statement from a bank or online statement) or a certified copy of a bank document. These documents must be current and no more than 6 months old and show your BSB, account number and account name.

Transferring to a self-managed super fund (SMSF)?

Under superannuation legislation, we can only transfer balances to a SMSF if you (or your company) is a Trustee of that fund. You'll need to provide evidence that:

- The SMSF is complying.** Please provide the SMSF's ABN (ACN, TFN or Fund name only won't verify complying status), **OR** a certified copy of:
 - the SMSF's letter of compliance (issued by the Australian Taxation Office (ATO) or Insurance and Superannuation Commission (ISC)), **OR**
 - a letter issued by the ATO confirming the SMSF's election to be regulated.

AND:

- You are a Trustee* of the SMSF.** We'll verify this on the ATO Business Portal. To help us, you'll need to ensure:
 - you're listed as a Trustee of the SMSF on the ATO Business Portal, **OR**
 - you're a director of the Corporate Trustee of the fund. You should then be listed as a director or member of the SMSF on the ATO Business Portal.

You can contact the ATO to confirm your Trustee status is listed on the ATO Business Portal. If you're not listed, you'll need to update them regarding the membership details of your SMSF. For more information on how to update your status you can call the ATO on 13 10 20 between 8am and 6pm, Monday to Friday or visit www.ato.gov.au.

*If the SMSF has a Corporate Trustee, you must also provide evidence that you're a director of the Trustee company in addition to one of the above documents listing the company as Trustee of the SMSF.

Please note that we reserve the right to request additional information before processing any transfers to SMSFs. We may also contact you by telephone to confirm the details of this transfer request. Our information requirements for these payments reflect the unique regulations and risks pertaining to SMSFs, as well as the Sunsuper Trustee's obligation to ensure that transfers to these funds are compliant.

Early release of super due to Permanent Incapacity



Call 13 11 84
Web sunsuper.com.au
Mail GPO Box 2924 Brisbane QLD 4001

Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921

Important: Please make sure you have answered all questions. If all questions are not answered, your application may be delayed as the form may be returned. Use BLOCK letters and dark ink when completing this form and ensure it is signed and dated.

Member details

Member number	<input type="text"/>	Office use only	<input type="text"/>
Title	<input type="text"/>	First name	<input type="text"/>
Middle name/s	<input type="text"/>	Last name	<input type="text"/>
Other/previous names	<input type="text"/> Note: If you've changed your name you'll need to provide certified linking documentation.		
Date of birth (dd/mm/yyyy)	<input type="text"/>	Gender	<input type="text"/>
Street address / PO Box	<input type="text"/>		
Suburb / Town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Residential address if different	<input type="text"/>		
Email address	<input type="text"/>		
Home phone number	<input type="text"/>	Daytime phone number	<input type="text"/>

Tax file number (TFN) details

I agree to provide my TFN Yes My TFN is No

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Amount of payment

How much of your money would you like to withdraw?

Total: I would like to withdraw my total account balance.
Note: Your account balance is calculated by multiplying the number of units you have in each investment option by the unit price for each option. As the prices are calculated on a daily basis, the amount transferred out of your Sunsuper account may be different to previous supplied balance estimates.

Partial: I would like to withdraw a part of my account balance.
Note: The following minimum balance amounts will apply when selecting partial withdrawals:
Solutions: \$1,000 or \$1,500 if you wish to maintain any insurance cover.
Corporate: refer to your *Sunsuper Corporate PDS*.

Amount of partial withdrawal

Please turn over for more information.

Method of payment

Where would you like your money paid to? You can elect to receive the whole amount through one single payment, or split the withdrawal across the different methods of payment. Please indicate the method of payment and what amount you'd like to receive through each. If you'd like to receive the whole amount in the one payment please write "total" in the corresponding box.

<input type="checkbox"/>	Cash - Deposit into my bank account	\$ <input type="text"/>	Please complete the <i>Account details</i> section below
<input type="checkbox"/>	Cheque	\$ <input type="text"/>	A cheque will be sent to your address
<input type="checkbox"/>	Kept in fund	\$ <input type="text"/>	Your withdrawal will be deposited to your Sunsuper account
<input type="checkbox"/>	Transfer to another super fund	\$ <input type="text"/>	Please complete the <i>Other fund details</i> section below

Account details

Financial Institution	<input type="text"/>	Account name	<input type="text"/>
Type of account	<input type="text"/>	BSB number	<input type="text"/>
		Account number	<input type="text"/>

For us to pay your benefit into your bank account we require you to provide either an original bank document (e.g. statement from a bank or online statement) or a certified copy of a bank document. These documents must be current and no more than 6 months old and show your BSB, account number and account name.

Money cannot be paid into a credit card account, or a third party account. We will take care to ensure your money is paid in line with the details you have provided. However, we accept no responsibility for any loss which occurs as a result of incorrect bank account details you provide us. If the bank rejects the payment of your money, or if you don't provide proof of your account, we will pay you by cheque.

Other fund details - your money will be transferred to this account

Name of other fund	<input type="text"/>		
Membership or account number in other fund	<input type="text"/>	Fund phone number	<input type="text"/>
Street address / PO Box	<input type="text"/>		
Suburb / Town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Other fund ABN	<input type="text"/>	Other fund SPIN	<input type="text"/>

Is this fund a self-managed superannuation fund? Yes No

If yes, we need to confirm that the self-managed superannuation fund is complying and that you (or your company) are a Trustee of the fund. Refer to *Transferring to a self-managed super fund?* on page 2 of the *How to make a claim* document.

Checklist

We'll process your application as soon as we can. However, it's important to make sure you give us all of the information and documents we need. If you don't, your claim may be delayed until all requested documentation or information is received.

- Have you completed all of the sections of this form?
- Have you attached your certified proof of identity documents?
- Have you attached two *Medical practitioner certificates* from legally qualified medical practitioners?
- Have you attached your certified bank documents if requesting a cash deposit into your bank account?
- Have you attached your evidence of compliance and proof of Trustee if requesting a transfer to a self-managed superannuation fund?
- Have you signed and dated this form?

Please turn over for more information.

Declaration and authorisation

I hereby:

- declare that the information in this claim form is true, correct and complete in every particular way to the best of my knowledge and that I have not withheld any material facts; and
- understand and agree that if I make any false or fraudulent statements, or fail to advise Sunsuper or the Fund Insurer of any relevant information or material facts regarding my claim, this may have an adverse effect on my claim and Sunsuper or the Fund Insurer may refuse to pay benefits and proceed to cancel my claim and/or my insurance cover; and
- declare that I have read and understood the Sunsuper Privacy Policy available online at sunsuper.com.au and I consent to the collection, use and disclosure of my personal and sensitive information in the manner described in that Privacy Policy; and
- confirm my consent for Sunsuper or the Fund Insurer, or its representatives to use my personal and sensitive information (whether received by Sunsuper or the Fund Insurer, from me or a third party) to investigate, assess and manage my claim and to disclose that information to medical, or health professionals and institutions including:
 - a) other insurers (including workers' compensation insurers)
 - b) other superannuation funds
 - c) investigators
 - d) the ambulance service
 - e) the Fund Insurer' service providers
 - f) statutory bodies including law enforcement agencies
 - g) insurance or credit reference agencies
 - h) financial institutions, and
 - i) such other third parties as is necessary for that purpose; and
- authorise any individual, organisation or entity within any of the above categories (a to i) and/or any
 - j) adviser/broker
 - k) accountant
 - l) institution
 - m) professional association/board
 - n) business entity
 - o) company

that holds my personal, health, and sensitive information to release that information to Sunsuper or the Fund Insurer on request, for the purpose of investigating, assessing and managing my claim; and

- authorise any medical practitioner, medical provider, health professional, hospital, worker's compensation organisation, dentist or other person who has attended me, to release to Sunsuper or the Fund Insurer or its representatives all information with respect to any sickness/illness or injury, medical history, consultations, prescriptions, treatment, or medical tests and test results and copies, including hospital or medical records; and
- authorise any previous and my current employer (if applicable) to provide Sunsuper or the Fund Insurer with details of my employment and pay history; and
- agree that a copy of this authorisation shall be considered as effective and valid as the original.

Sign here

Date
(dd/mm/yyyy)

Print name

Please return this form to Sunsuper, GPO Box 2924 Brisbane QLD 4001.

We are committed to respecting the privacy of the personal information you give us. Our formal Privacy Policy sets out how we do this. If you would like a copy of Sunsuper's Privacy Policy, please let us know. We have also published our Privacy Policy on our website at sunsuper.com.au.

Permanent Incapacity claim (Medical practitioners certificate)



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Important: Please make sure you've answered all questions. Use BLOCK letters and dark ink when completing this form and ensure it's signed and dated.

To be completed by a legally qualified Medical Practitioner

Please read the below prior to completing this statement.

The patient has applied to Sunsuper Superannuation Fund for an early release of their superannuation benefit due to Permanent Incapacity.
If you're of the opinion this person is permanently incapacitated in the terms of the certificate below, please complete the certification.
If there's a charge for completion of this statement, it is the responsibility of the patient.

Patient details

Member number	<input type="text"/>	Office use only	<input type="text"/>
Title	<input type="text"/>	First name	<input type="text"/>
Middle name/s	<input type="text"/>	Last name	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/>	Gender	<input type="text"/>
Residential address	<input type="text"/>		
Suburb / Town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

Declaration

I certify that was diagnosed as suffering from

and has been permanently incapacitated since

In my opinion, this patient suffers from ill-health (physical or mental) and, because of the ill-health, is unlikely to engage in gainful employment for which the patient is reasonably qualified by education, training or experience.

Your name	<input type="text"/>	Provider number	<input type="text"/>
Field	<input type="checkbox"/> GP <input type="checkbox"/> Specialist - please provide details of your field	<input type="text"/>	
Telephone number	<input type="text"/>	Email	<input type="text"/>
Practice / hospital name	<input type="text"/>		
Practice / hospital address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Signature	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
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Permanent Incapacity claim (Medical practitioners certificate)



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Field	<input type="checkbox"/> GP <input type="checkbox"/> Specialist - please provide details of your field	<input type="text"/>	
Telephone number	<input type="text"/>	Email	<input type="text"/>
Practice / hospital name	<input type="text"/>		
Practice / hospital address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Signature Date (dd/mm/yyyy)

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