

Early release of super due to Permanent Incapacity

How to make a claim

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

1 Am I eligible?

Permanent Incapacity means you're suffering ill-health (whether physical or mental) and the Trustee of Sunsuper is reasonably satisfied that, because of the ill-health, it's unlikely you'll ever engage in gainful employment for which you're reasonably qualified for, by education, training or experience.

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.

As a minimum, you'll need to provide a *Medical practitioner certificate (General Practitioner)* and a *Medical practitioner certificate and questionnaire (Specialist)* completed by two different legally qualified medical practitioners, (see Section 3). You may be requested to provide additional information before a decision is made about your claim.

2 How much can I claim?

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 and wish to maintain your insurance cover in your Sunsuper account, you'll need to ensure there is enough money to pay for any future insurance premiums and you will need to make at least one eligible contribution every 12 months or advise us in writing via [sunsuper.com.au/keepmyinsurance](https://www.sunsuper.com.au/keepmyinsurance) that you wish to retain your insurance cover.

If you have insurance cover through your super you may also be able to claim an insurance benefit. You can check your *Annual Statement* or contact us for more details or to make a claim.

3 What documents do I need?

You'll need to gather these documents to support your claim.
For more details on these document requirements please read the next page.

- Your current resume to show your work experience.
- Certified copies of identification documents.
- Medical practitioners certificate* complete by your treating General Practitioner (GP).
- Medical practitioners certificate and questionnaire* completed by a Specialist within the field of medicine related to the injury/illness causing your incapacity.
- If requesting a cash deposit into your bank account – a certified copy of bank documents
- If requesting a transfer into a self-managed superannuation fund – see page 2 for more information.
- Any other documents to support your application.

4 How do I apply?

- 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.
- 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.
- 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 *Member benefit statement* and a *PAYG payment summary – superannuation lump sum* form confirming payments made to you.

Supporting documentation

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 visit sunsuper.com.au/id.

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 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*, *Decree Absolute (Divorce Certificate)*, *Divorce Order* or other document satisfactory to us (linking document).

Proof of Permanent Incapacity

We've included a *Medical practitioners certificate (General Practitioner)* and a *Medical practitioners certificate and questionnaire (Specialist)* at the end of this form. You'll need to have these completed by two different legally qualified medical practitioners, (one General Practitioner and one Specialist,) 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 engage in gainful employment for which 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 12 months old and show your BSB, account number and account name.

Transferring to another super fund – do I need further documents?

The details you provide (including your TFN) will be matched with the ATO's Super TIC service. If we're unable to match your details, or you are transferring to a self-managed super fund, you'll be asked to provide a certified proof of identity document to verify your identity.

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 also need to provide proof of identity documents detailed on this page:

We'll check with the ATO that the SMSF is complying. If we're unable to, 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),

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.

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.

*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.

Please note:

The Trustee can only assess your Permanent Incapacity claim based on the information you provide. Please read this information page before completing the *Early release of super due to Permanent Incapacity* form.

Refer to the *Proof of identity requirements at sunsuper.com.au/id for further details.*

Please keep these important information pages for your records.

Early release of super due to Permanent Incapacity

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.



13 11 84 sunsuper.com.au
Reply Paid 2924 Brisbane Qld 4001

Member number

1 Member details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="button" value="M"/> <input type="button" value="F"/>

Street Address / PO Box*

Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Personal email address	Mobile phone number
<input type="text"/>	<input type="text"/>

Residential street address (if the same as above leave blank)*	Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other/previous names

Note: If you have changed your name, you'll need to provide a certified copy of a linking document. Please read the important notes on identification.

Note: Unless you have elected to receive printed information, Sunsuper will confirm this change electronically if we can. We'll email or SMS you if you have information to view in *Member Online*. If you would prefer information is posted to you in the future, change your preferences in *Member Online* or call us on **13 11 84**.

Tax file number (TFN) details

If you're not sure if we have your TFN you can add it below. You don't have to provide your TFN, however if we don't have your TFN, you may pay more tax than you need to. Before you supply your TFN, please read the TFN section on page 2 of the *Important information* pages. If we do have your TFN you don't need to provide it again.

My TFN <input type="text"/>	<input type="checkbox"/>	Let us find your other super for you Tick and we'll use your TFN to search for any other super you may have with other funds or the ATO, to the extent the law allows. If we find money with the ATO, this will normally be transferred automatically to your Sunsuper account. If we find money with other funds, we'll be in touch to help you combine them.
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Providing your tax file number (TFN)

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.

➔ Please continue over page

2A

Please state the nature of the disablement which has caused you to cease work and how it's prevented you from working.
(If there's insufficient space to answer, please attach a separate sheet.)

2B

Please list all occupations and all duties you have had during your working life, (e.g. Cleaner – cleaning offices).
If you had several employers but always the same occupation, list once and advise the total period in that type of occupation.

Employer	Occupation/type of work	Employed from	Employed to

2C

What level of education do you have (i.e. secondary, tertiary, etc.)?

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2D

Please list any other licences, courses, skills, training or trade apprenticeship qualifications you've obtained during your working life, (e.g. nurse, boilermaker, forklift driver, computer courses, etc.)

➔ Please continue over page

3 Your payment amount

Are you withdrawing all or just part of your money?

Total lump sum (I'd like to transfer my total account balance). You should be aware of the effect this may have on your insurance cover (if any).

Partial (I'd like to transfer part of my account balance).

Please pay me the amount of

OR

Please pay me a percentage of

If you nominate a percentage, it's important to understand that your balance changes daily due to unit pricing. As a result, the amount you receive may not be the amount you're expecting.

Note: If you select Partial we will not process a partial rollover request that will result in a balance of less than \$6,000 remaining in your account at the time of processing. If you also want to maintain your insurance cover in your Sunsuper account, you'll need to ensure there is enough money to pay for any future insurance premiums and continue to make regular contributions.

Important

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 withdrawn from your Sunsuper account may be different to previous supplied balance estimates.

4 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.

Cash – Deposit into my bank account

Please complete the Payment details section below

Cheque

A cheque will be sent to your address

Kept in fund

Your withdrawal will be deposited to your Sunsuper account

Transfer to another super fund

Please complete the Transfer details section below

5 Payment details How would you like us to pay you?

We will pay directly into your Australian bank or credit union account. Please complete the sections below for the account you would like us to pay to and provide proof of your account.

Financial institution

Name on the account

BSB number

Account number

Type of account

Savings account

Cheque account

AND I have attached:

a copy of a document prepared by my Australian bank or credit union showing my BSB number, account number, account name and address, and is no more than 12 months old.

Important: For us to pay your benefit into your Australian bank or credit union account we require you to provide a document from them, such as a statement or online statement. These documents must be current and **no more than 12 months old** and show your BSB, account number, account name and address. Copies of originals can be accepted and don't need to be certified. Your claim cannot be processed via direct transfer without this.

Money cannot be paid into a credit card account, third party account or an overseas account. We will take care to ensure your money is paid in accordance with the details you have provided. However, we accept no responsibility for any loss which occurs as a result of incorrect account details you provide us.

If the bank or credit union rejects the payment of your money, or if you don't provide proof of your account, we'll pay you by cheque. Cheque payments are also available on request and may take longer than payments made electronically.

6 Transfer details Your account will be transferred to the account details below

Name of other fund*

Unique Superannuation Identifier

Membership or account number in other fund*

Fund phone number

Other fund ABN

Mailing address of other fund*

Is this fund a self-managed superannuation fund?

NO

YES

If Yes, we can only send your transfer amount to your personal mailing address we have for you. We'll also need to confirm that the self-managed fund is complying and you're a trustee of the fund. Refer to section *Transferring to a self-managed super fund?* on page 2 for further documentation required, including certified proof of identity.

➔ Please continue over page

7 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 if required?
- Have you attached a *Medical practitioners certificate* and *Medical questionnaire* from a Specialist?
- Have you attached a *Medical practitioners certificate* from a General Practitioner/Specialist?
- Have you attached your certified bank documents if requesting a cash deposit into your bank account?
- If transferring to a self-managed superannuation fund, have you read the important information on page 2?
- Have you attached your current resume?
- Have you signed and dated this form?

8 Authorisation and declaration Sign this application form and return to Sunsuper:

By signing this request form I am making the following statements. Your withdrawal cannot be processed unless this form is signed and dated.

- I declare I have fully read this form and the information completed is true and correct.
- Where the full balance of my account is paid from Sunsuper, I hereby release Sunsuper from any further liability to me or my executors, administrators or dependants in respect of my participation in the Fund and request and authorise the termination of my membership in the Fund. I understand that by doing this, my insurance cover (if any) will end.
- I've read and understood the information concerning the supply of my tax file number (TFN) and by providing my TFN I authorise Sunsuper to pay my benefit as I've indicated. I understand if I don't provide my TFN, Sunsuper must deduct tax at the top marginal rate plus the Medicare levy.
- I approve the deduction of any applicable tax from the benefit paid.
- I understand my withdrawal will only be processed once all contributions into my account have been cleared by the relevant financial institution/s.
- I have considered the fees and charges, effect on insurance cover and the implication to my benefit entitlement prior to applying for the release of my super. I do not require further information and authorise the withdrawal to proceed.
- I have informed Sunsuper of any intent to claim a tax deduction for my contributions.
- I 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
- I 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
- I 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

- I 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
- I 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

- I 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
- I 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
- I agree that a copy of this authorisation shall be considered as effective and valid as the original.

Member to sign here*



Full name (print in BLOCK letters)*

Date application completed
(DD/MM/YYYY)*

Please return the form to Sunsuper
Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper's Privacy Policy, visit sunsuper.com.au/privacy or call 13 11 84.

Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921 MySuper Authorisation 98 503 137 921 996

Permanent Incapacity claim

Medical practitioners certificate (General Practitioner)



☎ 13 11 84 📧 sunsuper.com.au
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📌 To be completed by a legally qualified medical practitioner (General 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.

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.

Member number

1 Patient details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="button" value="M"/> <input type="button" value="F"/>
Street Address/PO Box*		
<input type="text"/>		
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number	
<input type="text"/>	<input type="text"/>	

2 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 ever engage in gainful employment for which the patient is reasonably qualified by education, training or experience.

Your name*

Provider number GP (please tick to confirm)

Phone number Email address

Practice / hospital name

Practice / hospital address

Signature Date (DD/MM/YYYY)*

✉ Please return the form to Sunsuper
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Permanent Incapacity claim

Medical practitioners certificate (Specialist)



☎ 13 11 84 📧 sunsuper.com.au
Reply Paid 2924 Brisbane Qld 4001

⚠️ **To be completed by a legally qualified medical practitioner (Specialist)**
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.**

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.

Member number

1 Patient details

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*	Date of birth (DD/MM/YYYY)*	Gender*		
<input type="text"/>	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="F"/>		
Street Address/PO Box*				
<input type="text"/>				
Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal email address		Mobile phone number		
<input type="text"/>		<input type="text"/>		

2 For completion by a specialist medical practitioner

1. What treatment has your patient had for their illness/injury?

2. What is your patient's current treatment for their illness/injury?

3. Are there other/alternative treatment options available to your patient?

4. Has your patient reached Maximum Medical Improvement (MMI)?

5. In your opinion, due to the injury/illness, is your patient unlikely to ever engage in gainful employment for which the patient is reasonably qualified by education, training or experience?

➔ Please continue over page

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 ever engage in gainful employment for which the patient is reasonably qualified by education, training or experience.

Your name*

Provider number

Specialty


Phone number

Email address

Practice / hospital address

Signature

Date (DD/MM/YYYY)*

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