

## Super Savings

# How to Make a Claim

## Early Release of Super Due to Permanent Incapacity

Please return your completed application to:

**Online:** You can email your forms to [claims\\_@art.com.au](mailto:claims_@art.com.au)

**Post:** Australian Retirement Trust  
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 Australian Retirement Trust 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 Australian Retirement Trust to be reasonably satisfied that you meet the criteria.

As a minimum, you'll need to provide a Medical practitioner questionnaire (General Practitioner) and a Medical practitioner certificate (2nd General Practitioner) 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 Australian Retirement Trust Super Savings 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 [art.com.au/keep-my-insurance](http://art.com.au/keep-my-insurance) 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.

- Your current resume to show your work experience.
- Certified copies of identification documents.
- Medical practitioners questionnaire completed by your treating General Practitioner (GP).
- Medical practitioners certificate completed by a 2nd General Practitioner (GP)
- 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?

Ensure you provide us with details for all visas you have held while working in Australia.

- Prepare your application and send it to us:** Make sure you complete all of the forms attached and gather all of your required 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 make any decisions about your application. They'll act as a liaison between you and the Australian Retirement Trust 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.

Refer to our [Proof of Identity Requirements Factsheet at art.com.au/poi](http://art.com.au/poi) for instructions on how to prove your identity using your identity documents.

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# Super Savings

## Early Release of Super Due to Permanent Incapacity



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

**Important:** Refer to your Product Disclosure Statement (PDS) and Insurance Guide, available at [art.com.au/pds](http://art.com.au/pds) for insurance details.

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 number**

### 1 Personal details

Title

First name\*

Middle name

Last name\*

Date of birth\*

Sex\*

 Male  Female

Home address\* (must not be a PO Box)

Suburb\*

State\*

Postcode\*

Postal address (if different from your home address)

Suburb\*

State\*

Postcode\*

Mobile number

Daytime contact number

Email\* Use your personal rather than a work email address, so we can contact you if your work situation changes.

### Important

#### Proof of Permanent Incapacity

We've included a Medical practitioners certificate (General Practitioner) and a Medical practitioners questionnaire (General Practitioner) at the end of this form. You'll need to have these completed by two different legally qualified 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 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.

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.

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## 2 Personal questions

**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.)?

**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.)

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### 3 Your withdrawal amount

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 choose one or a combination of each option. 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:**

<input type="checkbox"/> <b>A</b> I want to withdraw the following amount	\$ <input type="text"/>	–OR–	<input type="checkbox"/> Remainder
<input type="checkbox"/> <b>B</b> I want to withdraw most of the money I have in my account, but leave the following amount in my Accumulation account	\$ <input type="text"/>	–OR–	<input type="checkbox"/> Remainder
<input type="checkbox"/> <b>C</b> I want to withdraw all of my account balance and close my account (Withdrawal amount nominated is gross of tax and tax of up to 22% may apply if the claimant is under 60.)	\$ <input type="text"/>	–OR–	<input type="checkbox"/> Remainder

**Kept in fund**  
(Your funds will remain in your Australian Retirement Trust Super Savings account) \$  –OR–  Remainder

**Transfer to an Income Account**  
(Please refer to [art.com.au/pds](http://art.com.au/pds) to view the Super Savings Income Account and Lifetime Pension PDS) \$  –OR–  Remainder

**Transfer to another super fund**  
(Please complete section 5 below) \$  –OR–  Remainder

**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 Australian Retirement Trust Super Savings account may be different to previous supplied balance estimates.

### 4 Payment details How would you like us to pay you?

If your payment is approved 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.

Please ensure the Australian bank, building society or credit union account details provided are accurate and written clearly. We may not be able to recover funds paid to an incorrect account where incorrect details are provided below.

We can only deposit amounts into an account held in your name or jointly in your name.

Name on account\*

Branch (BSB) number\*       Australian bank account number\*

Name of financial institution\*

Money cannot be paid into a credit card account or third party 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, we'll pay you by cheque and may take longer than payments made electronically. For account validation purposes, we may require a copy of your bank statement to confirm bank account ownership and will advise if this is required.

[➔ Please continue over page](#)

## 5 Transfer details Your account will be transferred to the account details below

Please complete A if transferring to another super fund OR B if transferring to a SMSF

**A** Other fund details – your money will be transferred to this account.

Name of other fund\*

Unique Superannuation Identifier\*

Membership or account number in other fund\*

Fund phone number

Other fund ABN

OR **B** Transferring to a SMSF

YES

NO

If Yes, we'll need to confirm with the ATO that the self-managed super fund is complying and you're a member, trustee or director of a corporate trustee of the SMSF. To help us verify this, refer to the section Transferring to a self-managed super fund? on the Supporting Documents page provided with this form, including certified proof of identity requirements.

Name of other fund\*

Other fund ABN\*

Account Name\*

Account Number\*

BSB\*

Electronic Service Address\*<sup>1</sup>

<sup>1</sup> Your self-managed super fund (SMSF) needs an electronic service address (ESA) to receive SuperStream data. Without an ESA you will not be able to roll money into your SMSF.

**Please note** - We encourage you to ensure the SMSF details held with the ATO are correct before initiating the roll out request.

Under superannuation legislation, we can only transfer balances to a SMSF if you (or your company) are a member, trustee or director of a corporate trustee of the SMSF. For identification purposes, you'll also need to provide proof of identity documents and a copy of a bank statement for the SMSF. The bank statement must have been issued within 12 months and include the BSB, account number and SMSF name as account holder.

We'll check with the ATO that the SMSF is complying and that you are a member, trustee or director of a corporate trustee of the SMSF. If you're a director of the corporate trustee your details are registered with ASIC not with the ATO. You'll need to contact the ATO and update your fund details so we can confirm you're a trustee 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 ato.gov.au.

[Please continue over page](#)

## 6 Proof of identity

As part of electronic identity verification, we'll check if your name, residential address and date of birth matches the personal information held by the document issuer or an official record holder (including a credit reporting agency). This allows us to verify you under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. It doesn't give us access to your credit information or other information about you AND our request won't be recorded on your credit file.

If you prefer not to be verified electronically you must tick the box under Option 2. You must then also provide document-based proof of identity per the instructions in our factsheet or on our website.

Please choose one of the proof of identity options below.

### Option 1 - Electronic verification (Preferred)

I understand that by completing this section I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder (including a credit reporting agency).

You must provide either driver licence or Australian passport details if you are choosing electronic verification, plus your Medicare card if available.

#### 1. Full name exactly as it appears on my driver licence\*

Licence number

Card number (as shown on back or front of licence)<sup>2</sup>

State of issue

Valid to

<sup>2</sup> Some Australian States and Territories have mandatory driver's licence numbers and driver's licence card numbers. If that's the case for your area, you have to give us both so we can complete our checks.

#### 2. My Australian passport number is

Passport expiry date

Full name including middle name (as shown on your passport)

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

#### 3. Full name exactly as it appears on my Medicare card

My Medicare number is

Valid to

My reference number on this card is

Select your Medicare card colour  Green  Blue  Yellow

### Option 2 - Document-based verification

Refer to our Proof of Identity Requirements Factsheet at [art.com.au/poi](http://art.com.au/poi) for instructions on how to prove your identity using your identity documents.

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## 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?
- If you prefer not to be verified electronically, have you referred to our Proof of Identity Requirements Factsheet at [art.com.au/poi](http://art.com.au/poi) for instructions on how to prove your identity using your identity documents?
- Have you attached a Medical practitioners questionnaire from a General Practitioner?
- Have you attached a Medical practitioners certificate from a 2nd General Practitioner?
- Have you completed section 2B of the form or attached your current resume?
- Have you signed and dated this form?

## 8 Authorisation and declaration signed on behalf of the member

- I am the person named on this form or have a power of attorney to act on the member's behalf', or
  - I'm signing on behalf of (or in addition to) a member under the age of 18 as their parent or guardian and have attached appropriate proof of parent or guardianship, such as a certificate of birth or adoption papers.
  - To the best of my knowledge, the information I have provided on this form is true and correct.
  - Where the full balance of my account is paid from Australian Retirement Trust, I understand that by doing this, my insurance cover (if any) will end.
  - I approve the deduction of any applicable tax from the benefit paid. I am aware of taxes that may apply.
  - I confirm my consent for Australian Retirement Trust or the Fund Insurer, or its representatives to use my personal and sensitive information (whether received by Australian Retirement Trust 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's 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; andI 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) Companythat holds my personal, health, and sensitive information to release that information to Australian Retirement Trust 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 Australian Retirement Trust 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 Australian Retirement Trust 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.
- 1 If you are acting on behalf of an applicant under a power of attorney, and have not previously supplied a certified copy of the power of attorney, we require one to be supplied with this application along with certified copies of yours and the member's identification documents. If you have previously supplied these documents, we may require updated copies on request.

Full name (print in BLOCK letters)\*

Signature\*

Date signed\* (DD-MM-YYYY)

Please sign in blue or black pen. We only accept digital signatures via DocuSign and Adobe Sign, with an audit trail.

## 9 Send us your form

Send your completed form and certified ID (if applicable) to us by:

**Post:** Australian Retirement Trust  
Reply Paid 2924 Brisbane Qld 4001

**Email:** You can email your forms to [claims\\_@art.com.au](mailto:claims_@art.com.au)

 Save form

 Print form

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit [art.com.au/privacy](http://art.com.au/privacy) or call 13 11 84.



# Super Savings Permanent Incapacity claim

## Medical Practitioners Questionnaire (General Practitioner)



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

⬇️ **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 Australian Retirement Trust 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:** Refer to your Product Disclosure Statement (PDS) and Super Insurance Guide, available at [art.com.au/pds](http://art.com.au/pds) for insurance details.

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"/> M <input type="text"/> F		
Street Address / PO Box*	Please complete for identity purposes.			
<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 General 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 your patients injury/illness, are they unlikely to ever engage in gainful employment for which they are reasonably qualified by their education, training or experience?

➔ Please continue over page

### 3 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

Specialty


Phone number

Email address

Practice / hospital address

Signature

Date (DD/MM/YYYY)\*

 Please return the form to  
Australian Retirement Trust  
Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit [art.com.au/privacy](http://art.com.au/privacy) or call 13 11 84.

# Super Savings Permanent Incapacity claim

## Medical Practitioners Certificate (2nd General Practitioner)



13 11 84 | [art.com.au](http://art.com.au)  
Reply Paid 2924  
Brisbane Qld 4001

⬇ **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 Australian Retirement Trust 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:** Refer to your Product Disclosure Statement (PDS) and Super Insurance Guide, available at [art.com.au/pds](http://art.com.au/pds) for insurance details. 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*
<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"/>	

Please complete for identity purposes.

### 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 to tick to confirm)

Phone number

Practice / hospital address

Signature  Date (DD/MM/YYYY)\*

📩 Please return the form to Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001

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