

# Super Savings

## How to Make a Claim

### Early Release of Super Due to Permanent Incapacity

Please return your completed application to:

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 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 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 [australianretirementtrust.com.au/keep-my-insurance](http://australianretirementtrust.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.

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 completed 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?

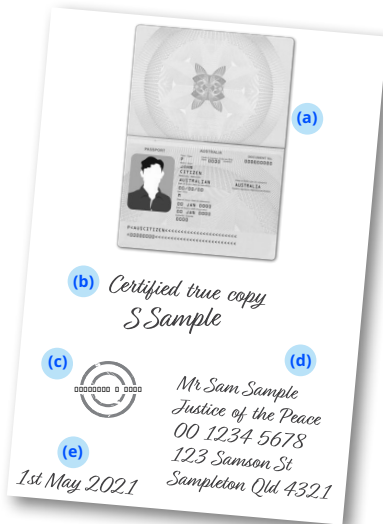
Ensure you provide us with details for all visas you have held while working in Australia.

- Prepare your application and send it to us:** Make sure you complete all of the forms attached and gather all of your required 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 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.

## 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' within the last 12 months. 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 [australianretirementtrust.com.au/id](http://australianretirementtrust.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.

**Note:** You can also give your consent to Australian Retirement Trust to use Equifax to verify your identity electronically when your identification documents may not be sufficient for us to process your request.

### 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)?

Super funds (including SMSFs) must use SuperStream to roll over your super benefits. This means your SMSF will need:

- an electronic service address
- an Australian business number (ABN)

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 detailed on this page and a copy of a bank statement for the SMSF. The bank statement must have been issued within 12 months and include the following:

- The SMSF name as account holder
- BSB and account number
- The institution name and logo

We cannot process your request until this information is provided.

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

We'll verify with the ATO that:

**A. The SMSF is complying.** Please provide the SMSF's ABN (ACN, TFN or Fund name only won't verify complying status).

**AND:**

**B. 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](http://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 Australian Retirement Trust 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.

For further details refer to the Proof of identity requirements at [australianretirementtrust.com.au/id](http://australianretirementtrust.com.au/id)  
Please keep these important information pages for your records.

# Super Savings Early Release of Super Due to Permanent Incapacity

**Important:** Refer to your Product Disclosure Statement (PDS) and Insurance Guide, available at [australianretirementtrust.com.au/pds](http://australianretirementtrust.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 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="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"/>	
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				
<input type="text"/>				

**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, Australian Retirement Trust 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  Note: When transferring to a SMSF, please ensure you provide your TFN so that the details of the SMSF can be verified prior to completing the rollover. If you don't provide your TFN, Australian Retirement Trust will be required to complete a manual check and your rollover request may be delayed.

### 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.

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### 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  before tax (gross)

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, and are transferring part of your money to another super fund, we will not process a rollover that will result in a balance of less than \$6,000 at the time of processing. If you also want 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 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 Australian Retirement Trust Super Savings 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.

- |   |                                 |   |
|---|---------------------------------|---|
| <input type="checkbox"/> <b>Cash – Deposit into my bank account</b> | <input type="text" value="\$"/> | Please complete the Payment details section below   |
| <input type="checkbox"/> <b>Cheque</b>                              | <input type="text" value="\$"/> | A cheque will be sent to your address   |
| <input type="checkbox"/> <b>Kept in fund</b>                        | <input type="text" value="\$"/> | Your withdrawal will be deposited to your Australian Retirement Trust Super Savings account |
| <input type="checkbox"/> <b>Transfer to another super fund</b>      | <input type="text" value="\$"/> | Please complete the Transfer details section below  |

### 5 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 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.

➔ Please continue over page

## 6 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*	
<input type="text"/>	<input type="text"/>	
Membership or account number in other fund*	Fund phone number	Other fund ABN
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### 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*	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Account Name*	Account Number*	BSB*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Electronic Service Address* <sup>1</sup>		
<input type="text"/>		

<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.

## 7 Confirming your identity

Before you're able to withdraw money from your super account, by law, Australian Retirement Trust needs to verify your identity. This is why we request that you provide us with a certified copy of your driver's license or passport. In some cases, identification documents may not be sufficient for us to process your request, for example, if they have not been correctly certified. This can result in delays in processing your payment while we contact you for further information.

With your consent, Australian Retirement Trust can use Equifax IDMatrix to verify your identity electronically. This program uses data held in places such as the Electoral roll, White pages, Department of Transport, the Passport Office, and Equifax credit information files to verify your details.

As part of the electronic verification process, your document details (for example, your driver's licence number) will be submitted to the Australian Government's Document Verification Service (DVS). The DVS is a national online system that allows organisations to compare a customer's identification with a government record. More information about the DVS is available on their website [www.dvs.gov.au](http://www.dvs.gov.au)

By checking this box, I consent to my identity being verified electronically. I acknowledge that the document details I provide as evidence of my identity will be checked with the relevant body. This includes consent for the personal information you have provided, such as name, date of birth and residential address, to be verified against personal information contained in your credit information file. Note that Australian Retirement Trust will not access your credit related information such as credit card and loan applications.

If you don't want us to be able to verify your identity electronically if required, that's fine too. Make sure you read the information at [australianretirementtrust.com.au/id](http://australianretirementtrust.com.au/id) for acceptable identification documents and certification requirements.

## 8 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?

➔ Please continue over page

## Authorisation and declaration

### Sign this application form and return to Australian Retirement Trust:

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 Super Savings account is paid from Australian Retirement Trust, I hereby release Australian Retirement Trust 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 Australian Retirement Trust to pay my benefit as I've indicated. I understand if I don't provide my TFN, Australian Retirement Trust 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 Australian Retirement Trust 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 Australian Retirement Trust or the Fund Insurer of any relevant information or material facts regarding my claim, this may have an adverse effect on my claim and Australian Retirement Trust 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 Australian Retirement Trust Privacy Policy available online at [australianretirementtrust.com.au](http://australianretirementtrust.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 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' 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 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.
- I've read and understood the accompanying Super Savings Product Disclosure Statement (PDS). I understand that other important information which forms part of the PDS is contained in Super Savings Insurance Guide and that the entire PDS should be read.

#### Member to sign here\*



#### Full name (print in BLOCK letters)\*

#### 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 [australianretirementtrust.com.au/privacy](http://australianretirementtrust.com.au/privacy) or call 13 11 84.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063

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# Super Savings Permanent Incapacity claim Medical Practitioners Certificate (General Practitioner)



13 11 84 | [australianretirementtrust.com.au](http://australianretirementtrust.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 Insurance Guide, available at [australianretirementtrust.com.au/pds](http://australianretirementtrust.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 tick to confirm)  
Field

Phone number  Email address

Practice / hospital name

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 [australianretirementtrust.com.au/privacy](http://australianretirementtrust.com.au/privacy) or call 13 11 84.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063

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# Super Savings Permanent Incapacity claim Medical Practitioners Certificate (Specialist)



13 11 84 | [australianretirementtrust.com.au](http://australianretirementtrust.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 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 [australianretirementtrust.com.au/pds](http://australianretirementtrust.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="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"/>	

Please complete for identity purposes.

## 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

### 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

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