

# Advance — Super

## Permanent Incapacity or Terminal Medical Condition Claim

# ADVANCE

Complete this form in **BLOCK LETTERS** and post it to Advance, GPO Box B87 Perth WA 6838

### Permanent Incapacity — Checklist

- The Permanent Incapacity Declaration (page 2) needs to be completed and signed by you, including the date at which you ceased to be capable of being gainfully employed. You must also complete the Member Details sections of this form (pages 3 and 5).
- Two** separate medical practitioners are required to complete Sections A and C of the Advance Declaration by Medical Practitioner part of this form (pages 3 to 6). *(If your doctor prefers to provide their own report it must include all the information required in Sections A and C of the Advance Declaration by Medical Practitioner part of this form.)*
- The Payment Request Form needs to be completed and signed by you (enclosed).

### Terminal Medical Condition — Checklist

- The Member Details sections of this form need to be completed by you (pages 3 and 5).
- Two** separate medical practitioners are required to complete the Terminal Medical Condition Declaration sections of this form (pages 4 and 6). At least one of the medical practitioners **must be a specialist** practicing in an area related to your illness or injury. *(If your doctor prefers to provide their own report it must include all the information required in Sections B and C of the Advance Declaration by Medical Practitioner part of this form.)*
- The Payment Request Form needs to be completed and signed by you (enclosed).

### Important information

- Superannuation law allows you to access your preserved benefits if the trustee is satisfied that you're permanently incapacitated or you are suffering from an illness or injury, that is likely to result in your death within a period of 12 months from the date of certification by your treating medical practitioners.
  - To allow the trustee to determine whether you satisfy the legal requirements to allow your superannuation benefits to be released on the grounds of permanent incapacity or terminal medical condition please complete this form and return together with any documentation required.
  - **Please note**, declarations must be returned as either originals or certified copies.
  - To meet our requirements for certification, documents must be certified by either a current Justice of the Peace in Australia or a Solicitor practicing in Australia. **Documents must contain the original ink signature of the person who certified them; we're unable to accept uncertified or faxed copies.**
- i** Privacy laws protect your privacy. Please read our Privacy Brochure for more information. You can obtain a copy from our Contact Centre. You should read this Privacy Brochure before completing this form.

**Questions?** Call our Contact Centre on **1800 819 935** or email [investorservices@advance.com.au](mailto:investorservices@advance.com.au)

**Permanent Incapacity Declaration**

**To be completed by the member**

I, (Full Name)

Of (Residential Address)

 State  Postcode 

understand that superannuation law requires that certain benefits be maintained in the superannuation system and generally cannot be paid to me until I meet the payment conditions set out in the law.

In this regard, I confirm to the trustee that:

I am suffering from physical or mental ill-health and as a result of the ill-health it is unlikely that I can be gainfully employed (ie employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment) in a capacity for which I am reasonably qualified by education, training or experience.

Further, I became incapable of being gainfully employed on  (please supply full date) due to this ill-health.

Yours sincerely,

Signature

Date

**Advance Permanent Incapacity Declaration by Medical Practitioner (Sections A and C)**

**Advance Terminal Medical Condition Declaration by Medical Practitioner/Specialist (Sections B and C)**

If your patient is suffering from ill-health (whether physical or mental) and as a result of the ill-health it is unlikely that your patient can ever be gainfully employed in a capacity for which he or she is reasonably qualified by education, training or experience, please complete Section A – Permanent Incapacity Declaration and Section C – Medical Practitioner/Specialist Details.

If your patient is suffering from an illness, or has incurred an injury, that is likely to result in the death of your patient within a period of 12 months, please complete Section B – Terminal Medical Condition Declaration and Section C – Medical Practitioner/Specialist Details.

Please read the information under each declaration to understand how each of these will be used by Advance, to assist you in determining which section to complete. Please ensure you provide your full name and contact details in Section C and sign and date this form.

**Member Details (to be completed by the member)**

Name

Superannuation Fund

Investor number

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**Section A – Advance Permanent Incapacity Declaration (to be completed by a qualified medical practitioner or specialist)**

The purpose of this declaration is for Advance to collect information in order to determine whether your patient (named above) meets the requirements of permanent incapacity under superannuation law and is eligible to receive a disability superannuation benefit under tax law.

To meet these requirements, your patient must suffer from ill-health (whether physical or mental) and as a result of the ill-health it must be unlikely that your patient can ever be gainfully employed in a capacity for which he or she is reasonably qualified by education, training or experience.

1. In your opinion, is your patient suffering from ill-health (physical or mental)?

YES (proceed to Question 2)

NO (proceed to Section C)

2. Please provide a brief description of your patient's ill-health.


3. In your opinion, which of the following statements best reflects your patient's situation in regards to their ill-health.

Due to their ill-health, it is unlikely that my patient can ever be gainfully employed<sup>1</sup> in a capacity for which they are reasonably qualified by education, training or experience

(proceed to Question 4)

Despite their ill-health, my patient is likely to be able to be gainfully employed<sup>1</sup> in a capacity for which they are reasonably qualified by education, training or experience

(proceed to Section C)

4. Date at which your patient stopped being capable of being gainfully employed. / /

<sup>1</sup> gainfully employed means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.





