

# Advance — Super Permanent Incapacity Claim

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

**Checklist**

The Permanent Incapacity Declaration (below) 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 2 and 3).

Two separate medical practitioners are required to complete the Advance Permanent Incapacity Declaration by Medical Practitioner sections of this form (pages 2 and 3). *(If your doctor prefers to provide their own report it must include all the information required on the Advance Permanent Incapacity Declaration by Medical Practitioner section 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.
- 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 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)

[Grid of 26 boxes for name]

Of (Residential Address)

[Grid of 26 boxes for address]

[Grid of 26 boxes for address] State [3 boxes] Postcode [5 boxes]

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'm suffering from physical or mental ill-health and as a result of the ill-health it's 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 [Date grid] (please supply full date) due to this ill-health.

Yours sincerely

Signature

[Signature box]

Date [Date grid]

Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695 is the trustee and administrator of the Advance Retirement Suite and the Advance Retirement Savings Account



