

Advance — Super

Terminal Medical Condition Claim

ADVANCE

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

Checklist

- The Member Details sections of this form need to be completed by you (pages 2 and 3).
- Two** separate medical practitioners are required to complete the Terminal Medical Condition Declaration sections of this form (pages 2 and 3). 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 on the Advance Terminal Medical 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 suffering from an illness or have incurred an 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 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

Terminal Medical Condition Declaration by Medical Practitioner (to be completed by the member)

Member Details

Name

Superannuation Fund

Investor number

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Terminal Medical Condition 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 having a terminal medical condition under superannuation and tax law.

To meet the requirements for 'terminal medical condition', your patient must be suffering from an illness, or must have incurred an injury, that is likely to result in the death of your patient within a period of 12 months from the date of this declaration.

1. In your opinion, is your patient suffering from a terminal medical condition as defined above?

YES (proceed to Question 2)

NO (proceed to Question 5)

2. Please provide a brief description of your patient's illness or injury.

3. Are you a specialist practicing in an area related to the illness or injury suffered by your patient?

YES (proceed to Question 4)

NO (proceed to Question 5)

4. Please provide details of your area of specialisation or qualifications.

5. Medical practitioner/specialist details.

Medical Practitioner/Specialist Name

Address of Medical Practice

State Postcode

Medical Practitioner/Specialist Telephone Number

Medical Practitioner/Specialist Signature

Date / /

Terminal Medical Condition Declaration by Medical Practitioner (to be completed by the member)

Member Details

Name

Superannuation Fund

Investor number

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Terminal Medical Condition Declaration (to be completed by a qualified medical practitioner or specialist)

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YES (proceed to Question 2)

NO (proceed to Question 5)

2. Please provide a brief description of your patient's illness or injury.

3. Are you a specialist practicing in an area related to the illness or injury suffered by your patient?

YES (proceed to Question 4)

NO (proceed to Question 5)

4. Please provide details of your area of specialisation or qualifications.

5. Medical practitioner/specialist details.

Medical Practitioner/Specialist Name

Address of Medical Practice

State Postcode

Medical Practitioner/Specialist Telephone Number

Medical Practitioner/Specialist Signature

Date / /