



A40
07/13

Application by Associate for Early Release of Preserved Benefit on the Ground of Total and Permanent Incapacity

Before you use this form

Before completing this benefit application form, it is recommended that you read the **MilitarySuper Product Disclosure Statement (PDS)** available on the MilitarySuper website militarysuper.gov.au or by phoning **1300 006 727**.

Who should use this form?

Use this form if you:

- are an Associate of the Military Superannuation and Benefits Scheme (MilitarySuper); and
- have an Associate A and/or Associate B benefit in MilitarySuper; and
- are claiming benefits **before age 55** on the grounds of total and permanent Incapacity.

After completing this form please forward it to MilitarySuper at the address shown in **Part L** on page 7 of this form.

Confirming eligibility

Before your preserved benefit can be paid to you, the Commonwealth Superannuation Corporation (CSC) must first decide that by reason of your physical or mental incapacity, you will be unlikely ever to be able to work again in employment for which you are reasonably qualified by education, training or experience or for which you could reasonably be qualified after retraining.

'Unlikely' has been interpreted to mean that there is more than a 50% chance that you will never be able to work again in an occupation relevant to your education, training or experience or the possibility of retraining.

Meeting the criteria

To establish a case for release of your preserved benefit you will need to provide the following evidence in support of your claim:

Medical Reports: Reports from two legally qualified medical practitioners, at least one of whom is a specialist in the field of medicine relating to the condition that is causing your incapacity. In his or her report the doctor should certify that you meet CSC's criteria and provide reasons, based on medical and other evidence, which support that opinion. Your doctor should also comment on your capacity or otherwise in relation to a range of occupations which you might reasonably be expected to undertake. Your doctor should not only take into account your past training, experience and education, but also your potential for retraining and rehabilitation.

Please note that MilitarySuper will not meet the costs of these reports.

Additionally, these requirements reflect the Australian Taxation Office's requirement for the preferential tax treatment of invalidity retirement lump sums. It is therefore in your interests to satisfy these requirements.

Determinations under other legislation: Any medical information held by Centrelink, the Department of Veterans' Affairs (DVA) or Defence Compensation, which specifies the medical condition causing incapacity, and any statement of reasons for the decision may be of assistance in determining your claim.

These documents may be provided in support of the required medical reports.

Education, Training and Experience: to assist in determining what employment is reasonable to expect you to undertake please complete the attached form.

You do not need to return this page with your form.

1 of 9

Associate A & Associate B benefits

Your benefit may consist of one or both of the following:

Associate A benefit—is a taxed benefit that is held for a person as units in one or more Investment Divisions in the MilitarySuper Fund.

Associate B benefit—is an untaxed benefit that is indexed annually at the long term bond rate.

If your application is approved, your benefit will be paid as a cash lump sum only. There is no pension option. Also, the lump sum cannot be rolled over directly from Military Super.

Lump sum payments are normally paid within 15 working days after the date the Delegate approves an application.

For more information

If you wish, you can seek further information on your options and completion of this form from MilitarySuper on **1300 006 727**.

You can also read the **MilitarySuper Product Disclosure Statement** available on the MilitarySuper website at militarysuper.gov.au

Privacy

CSC and its administrator, ComSuper, are committed to protecting any information you give us. Your information will be used to send you news about your super and to contact you if we need to in the future.

Your information will not be used for any other purpose or disclosed to another party, unless:

- you authorise us to do so
- it is required by Law
- it is to an independently commissioned firm who may, on our behalf, invite you to participate in a survey about our service (they are required to protect this information from disclosure to another party). If you do not want your contact details passed to this firm, please put a cross in the box at item 25 on page 7.



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PART A

About yourself

1. Service number/Employee ID

2. Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

3. Former surname (if applicable)

4. Date of birth / /

5. Address

POSTAL ADDRESS

SUBURB STATE POST CODE

RESIDENTIAL ADDRESS

SUBURB STATE POST CODE

6. Phone number

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Email address

@

7. Please state your medical condition that makes you totally and permanently incapacitated

8. Name of General Practitioner

9. Name of your treating specialist

PART B

Identification requirements

10. To protect against fraud, safeguard your benefit and comply with the Government's Anti-Money Laundering and Counter Terrorism Financing Legislation, we need you to provide documentation to prove your identity. Please be aware that under some circumstances we may request further information from you. If you are unable to provide documentation of the type set out below you should speak to a Customer Information Representative on **1300 006 727**.

All documents provided to confirm your identity must be certified.

You will need to provide certified copies of

- one document from **column A** in the table below, OR
- one document from **column B** AND one document from **column C**

For example, you could provide a certified copy of your driver's licence (from **column A**) OR a certified copy of your birth certificate AND a certified copy of your tax return with your current residential address.

Birth certificate or birth extracts are required to support all applications for children's benefits and where the person is over the age of 18 for identity purposes they must also supply a document from **column A**, **column C** or **photographic ID from the school or college**. Where a child is under school age the claimant must also provide a medicare card or other documentation listing both the caregiver and child.

These documents may be the same as provided to confirm the eligibility of a child of the deceased, and need to be certified.

A	B	C
Driver's licence or permit issued by State or Territory or foreign government	Birth Certificate or Birth Extract, issued by an Australian or foreign Government (either in English or accompanied by English translation prepared by an accredited translator)	Copy of a rates bill with the same address and name as on the application
Passport (current or expired by less than two years)	Australian Citizenship certificate	Copy of an electricity or gas bill with the same address and name as on the application
An identification or proof of age card issued by a State or Territory, containing a photograph	Citizenship certificate issued by a foreign country (either in English or accompanied by an English translation prepared by an accredited translator)	Copy of a tax return letter from the ATO with the same address and name as on the application
A national identity card, containing a photograph, issued by a foreign government (either in English or accompanied by an English translation prepared by an accredited translator)	Pension or other social security/ DVA benefit card	A letter from Centrelink or DVA with the same address and name as on the application
	ADF Discharge papers or an ADF ID card	For a person under the age of 18, a letter from a school principal, within three months of application, stating the name of the student, residential address and period of time the student attended the school

All copies of documents provided to MilitarySuper must be certified as true and correct copies of the original by one of the persons listed in the section **Attachment Reference** at the end of this form.

The person certifying your documentation must confirm in writing that you are the valid holder of the ID that you are presenting and that any copies are true copies of the original.

The certification must include the name, address, occupation, telephone number and registration number (if applicable) of the certifying authority.

If you are providing copies of bills or statements, you should black out any personal financial information or details of transactions in order to protect your privacy. Copies of identification provided will be stored electronically in a secure environment. The paper copies will be securely destroyed. All copies will only be used for the purpose of confirming your identity.

List the documents you have attached to prove your identity:

1. _____
2. _____
3. _____

PART C

Your employment history (including self-employment for the last 10 years)

11. Name of employer
12. Duration of employment ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y to ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y
13. Nature of work/duties of position
- NATURE OF WORK/DUTIES OF POSITION

If insufficient space please attach additional details

PART D

Education and training

14. What grade/level of schooling did you complete before leaving school?
 Date of leaving school ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y
15. What was the highest/last public examination you passed at school?
 ^Y ^Y ^Y ^Y Year of completion
16. What tertiary study or technical training have you completed?
 ^Y ^Y ^Y ^Y Year of completion

 ^Y ^Y ^Y ^Y Year of completion
17. What professional, technical or trade qualifications did you gain?
18. What tertiary study or technical training have you partially completed?

 Year(s) of study ^Y ^Y ^Y ^Y

(If insufficient space please attach additional details)

PART E

Preserved Associate A benefit options

19. Please choose your option for your Associate A benefit.

Take as a lump sum.

Note: There is no pension option and no rollover option.

PART F

Preserved Associate B benefit options

20. Please choose your option for your Associate B benefit.

Take as a lump sum.

Note: There is no pension option and no rollover option.

PART G

Paying your benefit

21. Your Associate A and/or Associate B benefits will be paid to an account you choose.

Type of financial institution Bank Building Society Credit union

Name of institution

Branch location

Branch (BSB) number -

Account number

Account in name(s) of (must include your name)

Note: If you are being paid both of your Associate A and Associate B benefits, they will be paid to the same account.

PART H

Tax File Number

22. Under the *Superannuation Industry (Supervision) Act 1993*, we are 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. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request 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 us your TFN will have the following advantages (which may not otherwise apply):

- we will be able to accept all types of contributions (subject to scheme rules);
- 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.

If you have already provided your TFN to us, you are under no obligation to provide it again in this application.

We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit is paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

Your Tax File Number

Your Tax File Number remains confidential

PART I

Document Checklist

23. Please ensure that you have completed all sections of this application and have attached to this application:
- a medical report from your legally qualified treating specialist in a relevant field of medicine
 - a medical report from another legally qualified medical practitioner
 - any relevant determination under other legislation.
 - certified copies of documents requested to prove your identity

PART J

Declaration

24. I declare that:
- The information I have provided is true and correct to the best of my knowledge. I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents.
 - I have read the **MilitarySuper Product Disclosure Statement (PDS)** and I understand the options available for my benefit entitlement
 - I have read and understood the information set out in Part H – I understand that supplying my Tax File Number (TFN) is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal tax rate
 - The TFN I have provided is the same number advised to me by the Australian Taxation Office

I understand that, if I have not completed all the required information, this application may be returned to me for completion and payment may be delayed

Signature of cardholder

SIGNATURE	
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Date signed

D	D	/	M	M	/	Y	Y	Y	Y
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PART K

Privacy

25. Privacy I do not want my contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by MilitarySuper.

PART L

Lodgement

26. Send your completed application and attachments to:

MilitarySuper
GPO Box 2252
Canberra ACT 2601

FORM END

Attachment reference

Persons before whom documents may be certified

1. A person who is currently licensed or registered under a law to practise in one of the following occupations:
 - Chiropractor
 - Dentist
 - Medical practitioner
 - Nurse
 - Optometrist
 - Patent attorney
 - Pharmacist
 - Physiotherapist
 - Trademarks attorney
 - Veterinary surgeon
 - Legal Practitioner.

2. A person who is enrolled on the roll of the Supreme Court of a State or Territory or the High court of Australia, as a legal practitioner (however described).

3. **A person who is in the following list**
 - Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
 - Authorised representative or officer of an Australian Financial Services licensee having 2 or more years of continuous service with one or more licensee
 - Bailiff
 - Bank officer with 2 or more continuous years of service
 - Building society officer with 2 or more years of continuous service
 - Chief executive officer of a Commonwealth court
 - Clerk of a court
 - Commissioner for Affidavits
 - Commissioner for Declarations
 - Credit union officer with 2 or more years of continuous service
 - Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
 - Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
 - Fellow of the National Tax Accountants' Association
 - Finance company officer with 2 or more years of continuous service
 - Statutory Office holder not otherwise listed

Attachment reference (continued)

- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - (a) an officer; or
 - (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 2 or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
- Minister or religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority;with 2 or more years or continuous service who is not specified in another item in this Part
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - (a) the Commonwealth or a Commonwealth authority
 - (b) a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy.


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9 of 9

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enq.militarysuper.gov.au

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