

APPLICATION FOR EARLY RELEASE OF SUPER DUE TO PERMANENT INCAPACITY

Complete this form to apply to make a withdrawal from your Simple Choice Super account due to permanent incapacity.

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

This form may be posted to **Simple Choice Super PO Box R1979 Royal Exchange NSW 1225** or scanned and emailed to info@simplechoicesuper.com.au.

Section 1 Personal Details

Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Member Number	<input type="text"/>		
Date of Birth	<input type="text"/>		
Mobile Phone Number	<input type="text"/>		
Email Address*	<input type="text"/>		
Residential Address	<input type="text"/>		
	<input type="text"/>		
	City <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Simple Choice Super on **02 8556 7576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

Section 2 Tax File Number

Tax File Number	<input type="text"/>
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You can find your TFN on statements you've received from the ATO, your super fund, your work payment summary, or alternatively you can contact the ATO on 13 28 61 for help finding it. By providing your TFN you are giving Simple Choice Super permission to use your TFN for superannuation purposes. This includes creating and administering your account, accepting personal contributions into your account, using the ATO's SuperMatch service to find lost or inactive accounts in your name, and actioning your rollover requests.

Choosing not to provide your TFN is not an offence, but it may mean that you pay higher tax on your investment and we will not be able to accept some types of contributions from you. The lawful purposes for which your TFN can be used, and the consequences for not quoting your TFN, may change in the future, as a result of legislative changes. For more information, refer to the PDS or contact us on **02 8556 7576**.

Section 3 Occupation Status

Please advise the occupations that you have undertaken that best reflect your education, training and experience.

Occupation 1

Occupation 2

Occupation 3

Last Employer's Name

Date Last Worked for Employer

Employer's Address

City

State

Postcode

'Permanent incapacity' refers to the early release of your preserved superannuation benefit on the grounds of illness or injury which renders you unlikely to ever again engage in gainful employment for which you are reasonably qualified by education, training or experience.

Have you permanently ceased all employment?

Yes

No

If you answer 'no' to this question, you cannot make a claim for early release of your superannuation because of permanent incapacity.

Section 4 Diagnosis

Please list all medical conditions (illness, injury or disability) which impact on your capacity to work:

Section 5 Withdrawal Information

To you wish to withdraw your entire account balance?* Yes No

If no, how much would you like to withdraw?^

\$

* If you withdraw your entire account balance any insurance cover you hold with Simple Choice Super will cease and your account will be closed.

^ The amount specified above is a gross amount, and tax may be payable on withdrawals. You must leave at least \$200 in your account in order for it to remain open.

If approved, the withdrawal payment will be made into the account you specify below:

Account Name*

Name of Financial Institution

BSB

Account Number

* We can only make payments into an Australian bank, credit union or building society account that's in your name or held jointly in your name with another person.

Section 6 Verification of Identity

Please select **one** of the two options below.

Option 1 – I want to attach paper copies of certified ID

You must provide photocopies of **at least two** of the following - Australian Passport, Australian Drivers Licence, Medicare Card. Each page must be correctly certified as a true copy. For more information, see the **Providing Certified Identification Factsheet** available at www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

If the documents you provide are not correctly certified or are unable to be read, you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party id validation provider, including confirming your document is valid with the original document issuer.

Option 2 – I want to use electronic verification

By providing the information below, you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party id validation provider, including confirming your document is valid with the original document issuer.

You must provide **at least two** of the following (if you are unable to provide this information you will need to provide certified ID as per option 1):

Australian Passport Please complete the details exactly as they appear on your Passport

Passport Number

First Name

Last Name

Date of Birth

Sex



Medicare Card Please complete the details exactly as they appear on your Medicare Card

Card Number	<input type="text"/>	Reference Number	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Card Expiry Date	<input type="text"/>

Australian Drivers Licence Please complete the details exactly as they appear on your Licence

Licence Number	<input type="text"/>	State of Issue	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>		

Section 7 Declaration and Signature

By completing this form, I declare that:

- The information I have given on this form and accompanying information provided in the medical reports and the Statutory Declaration is true and correct.
- I have read and understand the Simple Choice Super PDS and all related documents applicable to this withdrawal application.
- I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of withdrawing my benefit and that I should consult an appropriately qualified adviser for such advice.
- I understand that I can request appropriate information that I may reasonably require from the Fund for the purpose of understanding my benefit entitlement, including information about fees and charges that may apply.
- I accept that I am bound by the provisions of the trust deed and rules which govern the operation of Simple Choice Super.

x

.....
Signature

...../...../.....
Date

.....
Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au, phone **02 8556 7576** or email us at info@simplechoicesuper.com.au.

Interests in Simple Choice Super are issued by Diversa Trustees Limited (ABN 49 006 421 638, AFS Licence No. 235153, RSE Licence No. L0000635) as trustee of the Grosvenor Pirie Master Super Fund - Series 2 (ABN 32 367 272 075, RSE Registration R1001204). Simple Choice Super is a sub-plan of GPMSF-2 which is marketed under two brands – Simple Choice Super and Slate Super.

Processing Checklist

The Trustee will not begin assessing your application until all of the following have been received:

Form completed and signed

Verification of ID completed

Statutory declaration completed and signed

Medical reports completed by two independent registered medical practitioners



MEDICAL REPORT FORM FOR PERMANENT INCAPACITY CLAIM

This form must be completed by a registered medical practitioner.

Member Name Member Number

This member has applied for the early release of their superannuation benefit on the grounds of permanent incapacity. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

The member is responsible for any costs associated with obtaining this report.

Are you the member's usual medical practitioner? Yes No

What is the nature of the member's present disability?

Please provide details of the member's present medical condition and, if available, the history of the disability.

When did the member first consult you regarding the disability?/...../.....

What treatment is the member currently receiving in relation to the disability?

The definition of Permanent Incapacity requires the Trustee to be reasonably satisfied that the member is suffering from ill health (whether physical or mental), to such an extent that the member is unlikely, because of the ill health, to ever engage in gainful employment for which the member is reasonably qualified by education training or experience.

In your opinion, does the member met the above definition? Yes No



If the member does meet the above definition of permanent incapacity, please provide your detailed explanation as to why below.

If, in your opinion, the member is not permanently incapacitated, please indicate the nature of any employment that might be open to them.

Additional comments:



I hereby certify that I have examined the above-named Simple Choice Super member and that the statements made in this Medical Report are true and correct to the best of my knowledge.

Name

Qualifications

Provider Number

Phone Number

Email Address

x

.....

Signature

...../...../.....

Date

.....

Print Name



MEDICAL REPORT FORM FOR PERMANENT INCAPACITY CLAIM

This form must be completed by a registered medical practitioner.

Member Name [] Member Number []

This member has applied for the early release of their superannuation benefit on the grounds of permanent incapacity. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

The member is responsible for any costs associated with obtaining this report.

Are you the member's usual medical practitioner? Yes [] No []

What is the nature of the member's present disability? Please provide details of the member's present medical condition and, if available, the history of the disability.

[]
[]
[]
[]
[]
[]

When did the member first consult you regarding the disability?/...../.....

What treatment is the member currently receiving in relation to the disability?

[]
[]
[]
[]
[]
[]

The definition of Permanent Incapacity requires the Trustee to be reasonably satisfied that the member is suffering from ill health (whether physical or mental), to such an extent that the member is unlikely, because of the ill health, to ever engage in gainful employment for which the member is reasonably qualified by education training or experience.

In your opinion, does the member met the above definition? Yes [] No []



If the member does meet the above definition of permanent incapacity, please provide your detailed explanation as to why below.

If, in your opinion, the member is not permanently incapacitated, please indicate the nature of any employment that might be open to them.

Additional comments:



I hereby certify that I have examined the above-named Simple Choice Super member and that the statements made in this Medical Report are true and correct to the best of my knowledge.

Name

Qualifications

Provider Number

Phone Number

Email Address

x

.....

Signature

...../...../.....

Date

.....

Print Name



EARLY RELEASE OF BENEFIT DUE TO PERMANENT INCAPACITY - STATUTORY DECLARATION

I (insert name)....., of (insert address).....
as a (insert occupation).....
do solemnly and sincerely declare that the information provided by me in the 'Application for Early Release of Super due to Permanent Incapacity Form' annexed to this Statutory Declaration is true and correct.

I declare that I have permanently ceased employment due to my illness/injury, resulting in my inability to be employed ever again in any capacity for which I am reasonably qualified by education, training or experience.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended (the Act) and subject to the penalties* provided in that Act for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signed
(Signature of person making the declaration) Please sign in front of an authorised witness.

Declared at
(Location)

On
(Date)

Authorised witness before me
(Name of authorised witness) Please print. Note the authorised witness must be either a Justice of the Peace, Doctor, Pharmacist or Australia Post Officer.

X.....
(Signature of authorised witness)

X.....
(Qualifications of authorised witness)

* A person who intentionally makes a false statement in a Statutory Declaration made under the Statutory Declaration Act 1959 (as amended) is guilty of an offence against this Act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding 6 months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.