

APPLICATION FOR EARLY RELEASE OF SUPER DUE TO TERMINAL MEDICAL CONDITION

Complete this form to apply to make a withdrawal from your Simple Choice Super account due to having a terminal medical condition.

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.

Important Information about Applying for Early Release of Super due to a Terminal Medical Condition

Are you eligible?

Before you make an application to the Trustee, the first thing to do is to check if you're eligible to make a claim.

- Have two registered medical practitioners certified, jointly or separately, that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 24 months of the date of certification?
- Is at least one of the registered medical practitioners a specialist practicing in an area related to your illness or injury?
- Has the certification period* not ended for each of the certificates?

* The certification period is 24 months from the date of certification.

If you answered **yes to all three questions above**, you are eligible to apply.

What if you're not eligible?

If you did not access to all three questions above, then you are not eligible to apply. For more information about whether another condition of release may be available to you, please contact us at info@simplechoicesuper.com.au or on **02 8556 7576**.

How much of your account can be released?

If you satisfy this condition of release, any benefits that have accrued up to and including the certification period become unrestricted non-preserved benefits, which means that the balance of your account can be accessed as a **tax-free super lump sum payment** during the certification period. Any balance remaining in your account after the certification period ends can be accessed as a lump sum payment at any time, but may not be tax-free.

Any benefits that accrue after the certification period end are not covered by this condition of release.

What happens if the application process is not completed before your death?

Our **Nomination of Beneficiaries Form** available from www.simplechoicesuper.com.au allows you to nominate who will receive your death benefit (the balance of your super account and any amount that you are insured for). Completing this form and returning it to us will ensure that we can pay any benefit from a successful claim that is not processed until after your death to your nominated beneficiaries as quickly as possible.

Do you hold death insurance cover through the Fund?

Insurance cover for terminal illness is provided as part of the death insurance cover you can hold through the Fund. If you hold death insurance cover through the Fund, you may also be eligible to apply to receive the amount that you are insured for. For more information on how to make the appropriate insurance claim, please contact us at info@simplechoicesuper.com.au or on **02 8556 7576**.

Certified copies

Wherever we request certified copies you must ensure that the documents you provide have been certified by an approved person from the list below.

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages of the copy have been certified as true copies by writing or stamping 'certified true copy' followed by:

- Their signature;
- Printed name; and
- Qualification (e.g. Justice of the Peace, Australia Post employee, etc.) and date.

The following people can certify copies of originals documents as true and correct copies:

- A Justice of the Peace
- A police officer, chiropractor, dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon.
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- An Australian consular officer or an Australian diplomatic officer
- A judge of a court or a magistrate
- A teacher employed on a fulltime basis at a school or tertiary institution

- A permanent employee of Australia Post with two or more years of continuous service
- A finance company officer with two or more years of continuous service (with one or more finance companies)
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees.

Section 1 Personal Details

Given Name(s)

Surname

Member Number

Date of Birth

Mobile Phone Number

Email Address*

Residential Address

Suburb

State

Postcode

* 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

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 Diagnosis

Please provide a summary of your medical condition:

Section 4 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. Please ensure that you read the information under 'How much of your account can be released?' on page 1 of this form.

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 5 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	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
Sex	<input type="text"/>		

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 6 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.

Processing Checklist

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

- | | | | |
|--------------------------|--|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Form completed and signed | <input type="checkbox"/> | General practitioner report completed |
| <input type="checkbox"/> | Verification of ID completed | <input type="checkbox"/> | Medical specialist report completed |
| <input type="checkbox"/> | Statutory declaration completed and signed | | |



GENERAL PRACTITIONER MEDICAL REPORT FORM

This form must be completed by a registered general medical practitioner.

Member Name Member Number

This member has applied for the early release of their superannuation benefit on the grounds of a terminal medical condition. Please complete this report as fully as possible and if necessary, provide additional sheets for further information. Please return with diagnostic test reports as appropriate.

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

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

What is the exact diagnosis of the terminal medical condition?
Please provide details of the member's present medical condition and, if available, the history of the condition as applies to the member.
Please attach the member's most recent diagnostic test results.

What date was this diagnosis made?/...../.....

Do you believe that the member has an injury or illness that is likely to lead to their death within 24 months from the date of this report?
 Yes No

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



SPECIALIST MEDICAL REPORT FORM

This form must be completed by a registered specialist medical practitioner.

Member Name Member Number

This member has applied for the early release of their superannuation benefit on the grounds of a terminal medical condition. Please complete this report as fully as possible and if necessary, provide additional sheets for further information. Please return with diagnostic test reports as appropriate.

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

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

What is the exact diagnosis of the terminal medical condition?

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

Please attach the member's most recent diagnostic test results.

What date was this diagnosis made?/...../.....

Do you believe that the member has an injury or illness that is likely to lead to their death within 24 months from the date of this report?

Yes No

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 TERMINAL MEDICAL CONDITION - STATUTORY DECLARATION

Commonwealth of Australia Statutory Declaration - *Statutory Declaration Act 1959*

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 Terminal Medical Condition Form' annexed to this Statutory Declaration is true and correct.

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. 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

X.....

Contact number 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.