

GUIDE TO COMPLETING THIS FORM

- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS**.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Questions? Call our Customer Relations team on **1800 819 935** or email **investorservices@advance.com.au**.
- > **Note:** Privacy laws protect your privacy. Please read our Privacy Policy for more information. A copy can be obtained from our website **advance.com.au**. You should read the Privacy Policy before completing this form.

PLEASE NOTE THAT THIS FORM CANNOT BE FAXED OR EMAILED.

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 suffering from an illness or have incurred an injury, that is likely to result in your death within a period of 24 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.**

PERMANENT INCAPACITY DECLARATION (TO BE COMPLETED BY THE MEMBER)

To be completed by the member

I, (full name)

of (residential address)

State	Postcode

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 am 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

(please supply full date)

due to this ill-health.

Yours sincerely

Signature

Date (dd/mm/yy)



PERMANENT INCAPACITY DECLARATION BY MEDICAL PRACTITIONER (TO BE COMPLETED BY THE MEMBER)

Member details

Name

Superannuation fund

Investor number

PERMANENT INCAPACITY DECLARATION (TO BE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER OR SPECIALIST)

The purpose of this declaration is for Advance to collect information to determine whether your patient (named above) meets the requirements of permanent incapacity under superannuation law and is eligible to receive a disability superannuation benefit under tax law.

To meet these requirements, your patient must suffer from ill-health (whether physical or mental) and as a result of the ill-health it must be unlikely that your patient can ever be gainfully employed¹ in a capacity for which he or she is reasonably qualified by education, training or experience.

1. In your opinion, is your patient suffering from ill-health (physical or mental)?
- Yes ➤ proceed to Question 2
- No ➤ proceed to Question 5

2. Please provide a brief description of your patient's ill-health.

3. In your opinion, which of the following statements best reflects your patient's situation in regards to their ill-health.

Due to their ill-health, it's unlikely that my patient can ever be gainfully employed¹ in a capacity for which they are reasonably qualified by education, training or experience.

➤ proceed to Question 4

Despite their ill-health, my patient is likely to be able to be gainfully employed¹ in a capacity for which they are reasonably qualified by education, training or experience.

➤ proceed to Question 5

¹ Gainfully employed means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

4. Date at which your patient stopped being capable of being gainfully employed.

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 (dd/mm/yy)

SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management
GPO Box B87
Perth WA 6838

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935
FAX
08 9481 4318

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

ADVANCE
ASSET MANAGEMENT



DFCIXIAD12534

Email

Two empty rectangular boxes for email address.

This is my new address and contact details. Please update my account details for all future correspondence.

My Tax File Number is

Empty grid for Tax File Number.

Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your Tax File Number (TFN), which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. As trustee of your superannuation fund we may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you advise us in writing that your TFN should not be disclosed to any other superannuation provider.

It's not an offence not to quote your TFN. However, giving your TFN to us will have the following advantages (which may not otherwise apply).

- > Your superannuation fund will be able to accept all types of contributions to your account(s).
> The tax on contributions to your superannuation account/s won't increase as a result of no TFN contributions tax.
> Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
> It will make it much easier to trace different superannuation accounts in your name so you receive all your superannuation benefits when you retire.

! THESE ADVANTAGES MAY CHANGE IN THE FUTURE.

2. PAYMENT AMOUNT - APPLICABLE FOR SUPER AND PENSION - MANDATORY SECTION

If you intend to claim (or vary) a tax deduction for personal contributions made in the current or previous financial year, you must complete Section 7, Personal Tax Deduction Notice (PTDN).

! IF YOUR PTDN COVERS PERSONAL CONTRIBUTIONS INCLUDED IN YOUR PAYMENT, YOU'LL BE UNABLE TO VARY THE NOTICE TO REDUCE THE AMOUNT CLAIMED AS A DEDUCTION AFTER THE PAYMENT HAS BEEN MADE.

3. PAYMENT SOURCE

Is this partial withdrawal to be funded from a specific managed investment(s)?

- Yes -> Complete the section below
 No -> Proceed to Section 4 Payment options

Table with 3 columns: Product code, Managed investment name, Gross amount \$. Includes a Total row at the bottom.

Dollar-based withdrawals should only be requested when you are withdrawing part of the nominated asset. Dollar-based payments won't change the account's portfolio profile percentage allocation. If your withdrawal is more than 95% of the value of the nominated managed investment, this investment will be fully redeemed and the balance remaining will be placed in your cash balance to be invested according to your current investment profile.

! IF YOU'RE ELECTING TO ROLLOVER YOUR BENEFITS AND NO AMOUNT IS INDICATED, WE'LL CLOSE AND ROLL OVER ALL YOUR BENEFITS.

- Pay my entire benefit and close my account
-> If you withdraw your entire superannuation benefit under Terminal Medical Condition you will lose any insurance you currently have. If you want your insurance to continue you will need to leave sufficient balance in your account to fund future premiums. This information is intended as a guide only and does not constitute advice. Before making a withdrawal you should speak to your financial adviser about the impacts this could have on your insurance entitlements.
-> Proceed to Section 4

OR

- Pay my maximum benefit and leave my account open as I wish to make further contributions - applicable for super only

! MINIMUM BALANCES WILL BE MAINTAINED - APPROXIMATELY \$1,000 - APPLICABLE TO SUPER ONLY. FEES MAY STILL APPLY.

OR

- Partial withdrawal (not an option for Term Allocated Pension)
> For superannuation or pre-retirement pension accounts with a cash partial withdrawal please indicate the amount in the 'Partial Withdrawal' section, otherwise we'll only pay out all of your unrestricted non preserved benefits.
> For partial rollovers, the order of cashing will be taken firstly from preserved, then restricted non-preserved and then unrestricted non-preserved benefits. If you're requesting a variation to this, please advise us in writing at the time of this withdrawal.

Pay the following amount:

- Gross/Before tax (in words)

Empty box for Gross/Before tax amount in words, followed by a dollar sign and a grid for numerical input.

OR

- Net/After tax (in words)

Empty box for Net/After tax amount in words, followed by a dollar sign and a grid for numerical input.

OR

- Please pay my unrestricted non preserved benefits only.
> For pension accounts, if you indicate an amount in the 'Partial Withdrawal' section, you're electing to receive a lump sum for tax purposes.



7. PERSONAL TAX DEDUCTION NOTICE (PTDN) – APPLICABLE FOR SUPER – OPTIONAL SECTION EXCEPT FOR CASH PAYMENTS WITH NON VALIDATED CONTRIBUTIONS

Please indicate by crossing [X] if you intend to vary or claim a tax deduction for personal contributions made in the current or previous financial year.

Yes, I intend to claim or vary a deduction.

- Complete the 'Notice of Intent to Claim or Vary a Deduction for Super Contributions' form available through your financial adviser, on AdviserNET or by calling our Customer Relations team.

! IF YOU INTEND TO CLAIM OR VARY A DEDUCTION, THIS MUST BE COMPLETED PRIOR TO SUBMITTING A WITHDRAWAL.

No, I do not intend to claim or vary a deduction.

- Proceed to Section 8.

! IF YOU WITHDRAW PART OF YOUR SUPERANNUATION BENEFIT (AS A ROLLOVER OR CASH LUMP SUM), THE TRUSTEE WILL NO LONGER HOLD ALL OF YOUR PERSONAL CONTRIBUTIONS. AFTER MAKING A WITHDRAWAL YOU CAN ONLY PROVIDE A NOTICE FOR THE PROPORTION OF YOUR PERSONAL CONTRIBUTIONS THAT REMAIN IN THE FUND.

8. SIGNATURE – APPLICABLE FOR SUPER AND PENSION – MANDATORY SECTION

By signing this request form I am making the following statements:

- > I declare I have fully read this form and the information completed is true and correct
- > I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require such information
- > I consent to my tax file number being disclosed for the purposes of consolidating my account
- > I discharge the Trustee of all further liability in respect of the benefits paid and transferred to in Sections 4 and 5 of this form
- > I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer
- > For rollovers to an SMSF, I confirm that:
 - > I am a member, trustee or director of a corporate trustee of the SMSF, and
 - > The SMSF I am rolling over to is a regulated superannuation fund.

I confirm that I have read and agree to the information stated in the 'Important information section' of this form.

Signature

Date (dd/mm/yy)

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Name (Only required if someone other than the account holder has signed above)

Adviser's phone

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Dealer stamp

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GPO Box B87
Perth WA 6838

By Fax: 08 9481 4318

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