Advance Super

Permanent Incapacity Claim

Trustee: BT Funds Management Ltd (BTFM) ABN 63 002 916 458 AFSL 233724



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.

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PLEASE NOTE THAT THIS FORM CANNOT BE FAXED OR EMAILED.

Checklist

L	 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 superannu maintained in the superann to me until I meet the paym	uation system and g	generally cannot be paid
In this regard, I confirm to t	he trustee that:	
> I am suffering from physic ill-health it's unlikely that self-employed for gain or vocation, calling, occupat am reasonably qualified b	I can be gainfully er reward in any busin ion or employment)	mployed (ie employed or ess, trade, profession, in a capacity for which I
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)



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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 employed 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 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 employed 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

Date at which your patient stopped being capable of being

gainfully employed.							
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5.	Medical	practitioner/specialist	details
	A 11 1	/	

Medical practitioner/specialist name
Address of medical practice
State Postcode
Medical practitioner/specialist telephone number Medical practitioner/specialist signature
Date (dd/mm/yyyy)

PRIVACY STATEMENT

Why we collect your personal information

We collect personal information from you to process your patient's claim. We may also use your information to comply with legislative or regulatory requirements in any jurisdiction, prevent fraud, crime or other activity that may cause harm in relation to our products or services, and help us run our business.

If you do not provide all the information we request, we may not be able to process the claim.

Disclosing your personal information

We may disclose your personal information to other members of the Westpac Group*, anyone we engage to do something on our behalf such as a service provider, and other organisations that assist us with our business.

We may disclose your personal information to an entity which is located outside Australia. Details of the countries where the overseas recipients are likely to be located are in the Advance Privacy Policy.

Other important information

We are authorised to collect personal information from you by certain laws. Details of these laws are in the Advance Privacy Policy.

The Advance Privacy Policy is available at advance.com.au or by calling 1800 819 935. It covers:

- > how you can access the personal information we hold about you and ask for it to be corrected
- > how you may complain about a breach of the Australian Privacy Principles, or a registered privacy code and how we will deal with vour complaint
- > how we collect, hold, use and disclose your personal information in more detail.

The Advance Privacy Policy will be updated from time to time. Where you have provided information about another individual, you must make them aware of that fact and the contents of this privacy statement.

* Westpac Group means Westpac Banking Corporation and its related bodies corporate.

Gainfully employed means employed or self-employed for gain or reward in any



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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 employed 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

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

PERMANENT INCAPACITY DECLARATION BY MEDICAL

4.	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





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Advance Retirement Suite – Super/Pension

Payment Request

Trustee: BT Funds Management Ltd (BTFM) Ltd ABN 63 002 916 458 AFSL 233724



GUIDE TO COMPLETING THIS FORM	Change of Name — Marriage Certificate/Birth Certificate —
 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. If you are faxing or emailing this form we also need the original when supporting documents are required before we can finalise your payment. 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. 	original certified copy is required Contribution Remittance Advice — original is required if you are transferring these funds to an existing Advance Superannuation Account Court orders — original certified copy is required Separation Certificate /Employer letter on letterhead confirming cessation of employment — original certified copy is required Permanent incapacity claim form — original is required Terminal Medical Condition Claim form — original is required DHS approving letter for access preserved benefits — original
IMPORTANT INFORMATION	certified copy is required.
 Before withdrawing monies, re-contributing or closing your superannuation or pension account, please contact your financial adviser to discuss any changes to your account and refer to the current Product Disclosure Statement to consider all implications and options available. 	ACCOUNT DETAILS — APPLICABLE FOR SUPER AND PENSION — MANDATORY SECTION Account number
> If you're applying to access your benefits under Permanent Incapacity or Terminal Medical Condition please complete the additional relevant form and attach it to this request.	Mr Mrs Miss Ms Other
 Do not complete this form if you are applying for a release of funds under Severe Financial Hardship or as a Temporary Resident and have departed Australia. For Severe Financial Hardship, please complete the Financial Hardship application available from your financial adviser or our 	Given name(s) Surname
Customer Relations team. > If you are a Temporary Resident and have departed Australia, please complete the 'Application for a departing Australia superannuation payment' form available from www.ato.gov.au.	Date of birth (dd/mm/yyyy)
> If you are rolling over to a Self Managed Super Fund (SMSF) you are required to provide certified copy of identification.	Postal address
> If you want to transfer some or all of your account balance to another existing Advance Super account in your name, please attach an original Contribution Remittance/Rollover Advice for the destination account.	
> If you haven't already supplied your tax file number to Advance please complete the Tax File Number details in Section 1.	State Postcode Country, if not Australia
·	
Checklist	Phone (home)
Have you signed and dated this form?	
Have you indicated an amount if you're making a partial withdrawal?	Mobile phone number
Have you attached all your supporting documents (where required)?	
Provide below the following list of supporting documents with a cross box next to each	
Power of Attorney — original certified copy is required	Work phone number
Guardianship — original certified copy is required	
Identification Form — including certified ID — original certified	Facsimile
copy is required	

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Email		IF YOU'RE ELECTING TO ROLLOVER YOUR
		BENEFITS AND NO AMOUNT IS INDICATED, WE'LL CLOSE AND ROLL OVER ALL YOUR BENEFITS.
account details fo	ddress and contact details. Please update my or all future correspondence.	Pay my entire benefit and close my account If you withdraw your entire superannuation benefit under Termin Medical Condition you will lose any insurance you currently have
My Tax File Number		you want your insurance to continue you will need to leave suffici balance in your account to fund future premiums. This informatio is intended as a guide only and does not constitute advice. Before making a withdrawal you should speak to your financial adviser
authorised to collect	uation Industry (Supervision) Act 1993, we are your Tax File Number (TFN), which will only be oses. These purposes may change in the future as a	about the impacts this could have on your insurance entitlements Proceed to Section 4
result of legislative comay disclose your TF	hange. As trustee of your superannuation fund we FN to another superannuation provider, when your	OR Pay my maximum benefit and leave my account open as I wish to
	ansferred, unless you advise us in writing that your isclosed to any other superannuation provider.	make further contributions – applicable for super only MINIMUM BALANCES WILL BE MAINTAINED
will have the followin	of to quote your TFN. However, giving your TFN to us ig advantages (which may not otherwise apply). ion fund will be able to accept all types of	- APPROXIMATELY \$1,000 - APPLICABLE TO SUPER ONLY. FEES MAY STILL APPLY.
contributions to yo		OR
increase as a resul > Other than the tax	outions to your superannuation account/s won't t of no TFN contributions tax. It that may ordinarily apply, no additional tax will be bu start drawing down your superannuation benefits.	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 'Partia Withdrawal' section, otherwise we'll only pay out all of your
> It will make it mucl	h easier to trace different superannuation accounts ou receive all your superannuation benefits when	unrestricted non preserved benefits. > For partial rollovers, the order of cashing will be taken firstly fror preserved, then restricted non-preserved and then unrestricted non-preserved benefits. If you're requesting a variation to this,
THESE AD THE FUTU	DVANTAGES MAY CHANGE IN JRE.	please advise us in writing at the time of this withdrawal. Pay the following amount:
	MOUNT - APPLICABLE FOR SUPER AND MANDATORY SECTION	Gross/Before tax (in words)
•	(or vary) a tax deduction for personal contributions or previous financial year, you must complete Section 7, rion Notice (PTDN).	OR Net/After tax (in words)
CONTRIBU	PTDN COVERS PERSONAL UTIONS INCLUDED IN YOUR	\$, , , , , , , , , , , , , , , , , , ,
	; YOU'LL BE UNABLE TO VARY THE O REDUCE THE AMOUNT CLAIMED	OR
AS A DED BEEN MAI	UCTION AFTER THE PAYMENT HAS DE.	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.
3. PAYMENT SO	DURCE	
	awal to be funded from a specific managed investment e the section below No Proceed to Sect	
Product code	Managed investment name	Gross amount \$
Dollar-based withdray	wals should only be requested when you are withdrawing	part of the nominated asset. Dollar-
based payments wor than 95% of the valu	n't change the account's portfolio profile percentage alloe of the nominated managed investment, this investme	ocation. If your withdrawal is more nt will be fully redeemed and the
balance remaining wil	Il be placed in your cash balance to be invested according	to your current investment profile.



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PENSION - MANDATORY SECTION	5. CASH FORWARDING DETAILS - APPLICABLE FOR SUPER AND PENSION - MANDATORY FOR CASH WITHDRAWALS
Please complete at least one of the following options.	Credit the benefit to my financial institution account as detailed below.
Option 1: Transfer to another existing Advance account	Name of Australian financial institution
Account number	
	Branch name
	Branch name
Option 2: Recontribute back into this account (only applicable for superannuation)	
Please complete a Contribution/Rollover Remittance Advice and	BSB number Account number
attach the original to this form.	
Proceed to Section 6 Release of preserved benefits.	Account holder's name(s)
Option 3: Rollover to a superannuation fund or purchase a pension with another fund	
Please cross [X] here if you're purchasing a pension with these monies.	OR
Please indicate if you are rolling to a Self Managed Super Fund (SMSF). Note: By selecting this option, you are confirming that	Send the cheque to my postal address stated in Section 1 Account details.
you are a member of the SMSF and the SMSF is a regulated superannuation fund.	Cheques are only made payable to you, the account holder , or the SMSF name where applicable.
Fund name/SMSF name	6. RELEASE OF PRESERVED BENEFITS – APPLICABLE FOR AND PRE-RETIREMENT PENSION – MANDATORY SECTION
Fund phone number	Please cross [X] the condition that applies to you.
	Retirement
	I'm over 55, I've ceased employment and don't intend ever
Australian Business Number	again to work more than 10 hours per week. I'm over 60 and I've ceased employment on or after reaching
Membership or account number (not required for SMSF)	age 60.
	l'm over 65 Terminated employment
Unique superannuation identifier (USI)* (not required for SMSF)	I've left the service of the employer who had (or any associates
Offique superannuation identifier (OSI) (not required for SMSF)	had) at any time contributed to my superannuation account.
	> This condition only releases restricted non-preserved benefits
If you are rolling to a SMSF, please attach a certified copy of your identification. eg driver's licence issued under state or territory law, passport issued by the Commonwealth that has not expired within the	> To access benefits under this condition of release you need to provide a Separation Certificate issued by your company confirming cessation of employment.
past two years. For the full list of acceptable documents, please contact your financial adviser or our Customer Relations team on 1800 819 935.	Compassionate grounds (Special conditions apply, please speak to your financial adviser or call our Customer Relations team)
If you are purchasing a pension, you need to have reached your preservation age (for a pre-retirement pension) or satisfy one of the conditions in Section 6.	 Please attach a letter from the Department of Human Services (DHS) approving you can obtain access to your preserved benefits
If your withdrawal is from a Term Allocated Pension account, it	based on compassionate grounds.
can only be directly used to purchase another complying pension or annuity with comparable social security treatment. Ordinary	I was a lost member and my entire benefit when released is less than \$200*.
allocated pensions do not meet this criteria. If you are rolling to a SMSF, proceed to Section 5.	Permanent incapacity: please attach a Permanent Incapacity Claim form.
Option 4: Rollover only my preserved benefit to the fund indicated in Option 1 or Option 3 and send the non-preserved benefit in cash.	Terminal medical condition: please attach a Terminal Medical Claim form.
If you haven't already supplied your tax file number to Advance, please complete the tax file number details in Section 1.	This condition is not available to persons who aren't Australian or New Zealand citizens, or permanent residents. By signing this form, you declare that, where you have nominated this condition, you are an Australian or New Zealand citizen or permanent resident.
Proceed to Section 5 Cash forwarding details.	
Option 5: Cash withdrawal	
To access preserved or restricted non-preserved benefits, you need	
to satisfy one of the conditions in Section 6.	
If you're unsure about whether you can meet a condition of release you should contact your financial adviser or our Customer Relations team on 1800 819 935.	
Proceed to Section 5 Cash forwarding details	



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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)

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

Adviser's phone

SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management GPO Box B87

Perth WA 6838

By Fax: 08 9481 4318

FOR FURTHER ASSISTANCE CONTACT:
CUSTOMER RELATIONS

1800 819 935

FAX

08 9481 4318

EMAIL ADDRESS

investorservices@advance.com.au

Dealer stamp

INTERNET ADDRESS

advance.com.au





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