

### 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 Member details sections of this form need to be completed by you (pages 1 and 2).
- Two** separate medical practitioners are required to complete the Terminal Medical Condition Declaration sections of this form (pages 1 and 2). At least one of the medical practitioners must be a specialist practicing in an area related to your illness or injury. (If your doctor prefers to provide their own report it must include all the information required on the Advance Terminal Medical Declaration by Medical Practitioner part 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.**

### TERMINAL MEDICAL CONDITION DECLARATION BY MEDICAL PRACTITIONER (TO BE COMPLETED BY THE MEMBER)

#### Member details

Name

Superannuation fund

Investor number

### TERMINAL MEDICAL CONDITION DECLARATION (TO BE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER OR SPECIALIST)

The purpose of this declaration is for Advance to collect information in order to determine whether your patient (named above) meets the requirements of having a terminal medical condition under superannuation and tax law.

To meet the requirements for 'terminal medical condition', your patient must be suffering from an illness, or must have incurred an injury, that is likely to result in the death of your patient within a period of 24 months from the date of this declaration.

1. In your opinion, is your patient suffering from a terminal medical condition as defined above?

Yes ➔ proceed to Question 2

No ➔ proceed to Question 5

2. Please provide a brief description of your patient's illness or injury.

  
  

3. Are you a specialist practicing in an area related to the illness or injury suffered by your patient?

Yes ➔ proceed to Question 4

No ➔ proceed to Question 5

4. Please provide details of your area of specialisation or qualifications.

  

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/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](http://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 your 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.

## TERMINAL MEDICAL CONDITION DECLARATION BY MEDICAL PRACTITIONER (TO BE COMPLETED BY THE MEMBER)

### Member details

Name

Superannuation fund

Investor number

## TERMINAL MEDICAL CONDITION DECLARATION (TO BE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER OR SPECIALIST)

The purpose of this declaration is for Advance to collect information in order to determine whether your patient (named above) meets the requirements of having a terminal medical condition under superannuation and tax law.

To meet the requirements for 'terminal medical condition', your patient must be suffering from an illness, or must have incurred an injury, that is likely to result in the death of your patient within a period of 24 months from the date of this declaration.

1. In your opinion, is your patient suffering from a terminal medical condition as defined above?

Yes ➤ proceed to Question 2

No ➤ proceed to Question 5

2. Please provide a brief description of your patient's illness or injury.

  
  

3. Are you a specialist practicing in an area related to the illness or injury suffered by your patient?

Yes ➤ proceed to Question 4

No ➤ proceed to Question 5

4. Please provide details of your area of specialisation or qualifications.

  

5. Medical practitioner/specialist details.

Medical practitioner/specialist name

Address of medical practice

  
  

Medical practitioner/specialist telephone number

Medical practitioner/specialist signature

Date (dd/mm/yyyy)

### 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](mailto:investorservices@advance.com.au)

#### INTERNET ADDRESS

[advance.com.au](http://advance.com.au)

**ADVANCE**  
ASSET MANAGEMENT



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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)

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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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By Fax: 08 9481 4318

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