

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** 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

INTERNET ADDRESS

advance.com.au

ADVANCE
ASSET MANAGEMENT



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- > 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.

IMPORTANT INFORMATION

- > 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.
- > 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.
- > 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 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.
- > If you are rolling over to a Self Managed Super Fund (SMSF) you are required to provide certified copy of identification.
- > 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.

Checklist

- Have you signed and dated this form?
- Have you indicated an amount if you're making a partial withdrawal?
- 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
 - Guardianship — original certified copy is required
 - Identification Form — including certified ID — original certified copy is required

- Change of Name — Marriage Certificate/Birth Certificate — 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 certified copy is required.

1. ACCOUNT DETAILS — APPLICABLE FOR SUPER AND PENSION — MANDATORY SECTION

Account number

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Postal address

	State	Postcode
Country, if not Australia		

Phone (home)

Mobile phone number

Work phone number

Facsimile



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

A grid of 10 boxes for entering a 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

Product code	Managed investment name	Gross amount \$
Total		

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 text box for Gross/Before tax amount in words.

Empty currency input field with dollar sign and decimal point.

OR

- Net/After tax (in words)

Empty text box for Net/After tax amount in words.

Empty currency input field with dollar sign and decimal point.

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

By Fax: 08 9481 4318

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
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