



Application by Associate for early release of preserved benefit on the grounds of Total and Permanent Incapacity

Important information about this form

Before you use this form

Before completing this benefit application form, it is recommended that you read the **MilitarySuper Product Disclosure Statement (PDS)** available at csc.gov.au or by phoning **1300 006 727**.

Who should use this form?

Use this form if you:

- are an Associate of MilitarySuper and
- have an Associate A and/or Associate B benefit in MilitarySuper and
- are claiming benefits **before preservation age** on the grounds of total and permanent incapacity.

Confirming eligibility

Before your preserved benefit can be paid to you, you must satisfy the **release criteria**. Commonwealth Superannuation Corporation (CSC) must decide that because of incapacity:

1. you are unlikely to ever be able to work again in employment for which you are reasonably qualified by education, training or experience and
2. you are unlikely to ever be able to work again in employment for which you could reasonably be qualified after retraining.

Meeting the criteria

To have your preserved benefit released, you will need to provide two medical reports regarding your condition/s. At least one of these should be from a specialist. **The medical reports should address both parts of the release criteria.**

Please note that we do not cover the cost of these reports.

Determinations under other legislation: Any medical information held by Centrelink, the Department of Veterans' Affairs (DVA) or Defence Compensation which specifies the medical condition causing incapacity, and any statement of reasons for the decision may be of assistance in determining your claim.

These documents may be provided in support of the required medical reports.



Military
Superannuation &
Benefits Scheme

➡ About this form continued on next page

To have your benefit released on the grounds of a terminal illness and paid to you tax free, you must have two registered medical practitioners certify (jointly or separately) that you suffer from an illness, or you have incurred an injury, that is likely to result in death within 24 months of certification.

At least one of the registered medical practitioners must be a specialist practising in an area related to the illness or injury you are suffering from. The certification period for each of the certificates must not have ended.

Associate A & Associate B benefits

Your benefit may consist of one or both of the following:

- Associate A benefit – is a taxed benefit that is held for a person as units in one or more Investment Divisions in the MilitarySuper Fund.
- Associate B benefit – is an untaxed benefit that is indexed annually at the long term bond rate.

If your application is approved, your benefit will be paid as a cash lump sum only. There is no pension option. Also, the lump sum cannot be rolled over directly from MilitarySuper.

Lump sum payments are normally paid within 5-10 working days after the date the Delegate approves an application.

For more information

If you wish, you can seek further information on your options and completion of this form from MilitarySuper on **1300 006 727**.

You can also read the **MilitarySuper PDS** available on the CSC website at csc.gov.au

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this ☐ with a ✓ or ✗ then fill out the next question or section.

Submitting your form

Send your completed application and attachments to:

MilitarySuper
GPO Box 2252
Canberra ACT 2601
Australia

or email to:

formsandapplications@csc.gov.au



Application by Associate for early release of preserved benefit on the grounds of Total and Permanent Incapacity

Form start

Read each section of the form carefully before filling it in.

A

About yourself

Reference number

Salutation

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

Former surname (if applicable)

Date of birth

D	D			M	M			Y	Y	Y	Y

 /

 /

Address

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

Phone number

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER



Military
Superannuation &
Benefits Scheme

➔ Section A continued on next page

[illegible][illegible][illegible][illegible]

Identification requirements

To confirm your identity, we require some information from you—this is to protect your benefit against fraud, money laundering and terrorism financing, under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Verifying your documents

Identifying documents may be verified through the Document Verification Service (DVS). DVS is a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.

If you don't provide authorisation to have documents verified electronically or your documents are incompatible with DVS, you will need to provide certified copies of required documents. Please also refer to the section [Certifying your documents](#).

An electronic copy of your identification documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purpose of confirming your identity. You need to send in identification with every application.

DVS is only compatible with some identification documents, these have been listed below.

Certifying your documents

If you're providing certified documents, the certifying authority must confirm in writing you are the valid holder of the identification you are presenting, and any copies are true copies of the original.



IMPORTANT: The certification must include the name, signature, qualification and registration number of the certifying authority (if applicable), and the date of the certification.

The following sample of certifying authorities can certify your documents in Australia:

- Dentist
- Employee of a Commonwealth authority engaged on a permanent basis with five or more years of continuous service who is not specified elsewhere in this document
- Financial Adviser or Financial Planner
- Justice of the Peace (JP)
- Legal Practitioner
- Medical Practitioner
- Member of the Australian Defence Force who is:
 - an Officer; or
 - a Non-Commissioned Officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous service; or
 - a Warrant Officer within the meaning of that Act.
- Midwife
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to **Schedule 2** of the *Statutory Declarations Regulations 2018* available at www.legislation.gov.au/Details/F2018L01296

Please note:
We require a copy of
both sides of your
identification document.

How can I meet the identification requirements?

You only need to provide **one** document from the **Primary photographic identification** category. If you can't provide any **Primary photographic identification** you will need to provide **one** secondary identification document from List A AND **one** secondary identification document from List B. We can only accept documents that are listed below for identification purposes.

If the name we hold on file for you is different to the name on your identification, or two pieces of identification are in different names, please provide a certified copy of your **Marriage** or **Change of Name certification**.



If you would like us to use DVS to verify your identification, please provide authorisation by placing a check in the box below.



☐




I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purposes of confirming my identity.



You must provide a copy* of one of the following:

Primary photographic identification

DVS compatibility is shown as  or 




-  A current Australian Driver's Licence (front and back of licence must be provided).
-  A current Australian Passport (or one which has expired within the last two years).
-  A current Australian Proof of Age card (issued under a State or Territory law).

If your documents are incompatible with DVS, don't forget to provide certified copies.




Secondary identification requirements

Only provide these documents if you're unable to provide **one** of the **Primary photographic identification** documents.

List A

-  Your Australian Birth Certificate or extract issued by a State or Territory.
Please note: Birth Certificate extracts and Birth Certificates issued before 1970 may not be verified by DVS.
-  Your Citizenship Certificate issued by the Commonwealth.
-  Your current Pensioner Concession Card issued by the Department of Human Services.

List B

-  Your notice issued by the Australian Taxation Office (ATO) within the last 12 months that shows your name, current residential address, and records an amount payable either to or from the ATO.
-  Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. **For example:** rates notice, electricity or water bill.
-  Your notice issued by the Commonwealth or a State or Territory government within the last 12 months showing your name and current residential address, and the provision of a financial benefit. **For example:** a Centrelink letter.

Certifying your documents overseas

If you live overseas and need to have documents certified, it needs to be done by a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents. For more information refer to [ag.gov.au](https://www.ag.gov.au) and [dfat.gov.au](https://www.dfat.gov.au). Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator.

Persons residing overseas and foreign residents may need to contact us.

***Don't send original documents.**



Medical evidence

Please ensure you attach two medical reports to this form, one of which should be from a specialist, detailing that because of incapacity:

- you are unlikely to ever be able to work again, in employment for which you are reasonably qualified by education, training or experience and
- you are unlikely to ever be able to work again, in employment for which you could reasonably be qualified after retraining.

You are encouraged to provide your specialist and doctor with this questionnaire for their completion. Please return these questionnaires with your application.

Medical questionnaire to be completed by your specialist

When you next attend your specialist please ask them to answer the following questions in support of your application for release of your preserved superannuation benefits on medical grounds.

Applicant's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>				
Surname	<input type="text"/>									
Given name(s)	<input type="text"/>									
Date of birth	<input type="text"/> ^D	<input type="text"/> ^D	/	<input type="text"/> ^M	<input type="text"/> ^M	/	<input type="text"/> ^Y	<input type="text"/> ^Y	<input type="text"/> ^Y	<input type="text"/> ^Y

1. Please provide a brief history of the condition or conditions.

2. What are the patient's current symptoms?

3. What is your diagnosis? Please include the severity of condition and whether the condition is transitory or long term.

4. What treatment is the patient undergoing? Please include details of medication.

5. What is the prognosis?

6. What is the effect of the condition on the patient's ability to work? Could the patient be rehabilitated back into the workforce?

7. If the patient cannot be rehabilitated back into the workforce: is the patient unlikely ever to be able to work again in employment for which he/she is reasonably qualified by education, training or experience? (Unlikely being more than a 50% chance).

8. If the patient is unlikely to ever be able to work again in employment for which he/she is reasonably qualified by education, training or experience, could the patient be retrained?

9. For terminal conditions only, what is the life expectancy in months/weeks?

Specialist details

Surname

[illegible]

Given name(s)

[illegible][illegible]

Qualifications/speciality

[illegible]

Address

[illegible][illegible]

SUBURB

[illegible]

STATE

--	--	--

POSTCODE

--	--	--	--



SIGNATURE

SIGNATURE

Date signed

D	D	M	M	Y	Y	Y	Y

Medical questionnaire to be completed by your General Practitioner

When you next attend your General Practitioner please ask them to answer the following questions in support of your application for release of your preserved superannuation benefits on medical grounds.

Applicant's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>				
Surname	<input type="text"/>									
Given name(s)	<input type="text"/>									
	<input type="text"/>									
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Please provide a brief history of the condition or conditions.

2. What are the patient's current symptoms?

3. What is your diagnosis? Please include the severity of condition and whether the condition is transitory or long term.

4. What treatment is the patient undergoing? Please include details of medication.

5. What is the prognosis?

D

Type of financial institution ☐ Bank ☐ Building Society ☐ Credit Union

Name of institution																									
Branch location																									
Branch (BSB) number					-																				
Account number																									
Account in name(s) of (must include your name)																									

Note: If you are being paid both of your Associate A and Associate B benefits, they will be paid to the same account.

E

We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider.

- we will be able to accept all types of contributions (subject to scheme rules);
- other than the tax that may ordinarily apply, you will not pay more tax than you need to - this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit is paid using the SuperTICK validation service.

If you do not provide your TFN, the processing of your benefit payment may be delayed.

Your Tax File Number

Your Tax File Number remains confidential

Document checklist

Please ensure that you have completed all sections of this application and have attached to this application:

- ☐ a medical report from your legally qualified treating specialist in a relevant field of medicine
- ☐ a medical report from another legally qualified medical practitioner
- ☐ any relevant determination under other legislation
- ☐ identification which meets the identification requirements as outlined in Part B.

Declaration

I declare that:

- I am not currently employed on a full-time or part-time basis.
- The information I have provided is true and correct to the best of my knowledge.
I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents.
- I have read the **MilitarySuper PDS** and I understand the options available for my benefit entitlement.
- I have read and understood the information set out in **Part E** – I understand that supplying my Tax File Number (TFN) is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal tax rate.
- The TFN I have provided is the same number advised to me by the Australian Taxation Office.

I understand that, if I have not completed all the required information, this application may be returned to me for completion and payment may be delayed.

 **Sign**

SIGNATURE

Date signed

D	D		M	M		Y	Y	Y	Y
		/			/				

Privacy

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at csc.gov.au/Members/Privacy-policy/

Lodgement

You have now completed this form.

Send your completed application and attachments to:

**MilitarySuper
GPO Box 2252
Canberra ACT 2601
Australia**

or email to:

formsandapplications@csc.gov.au

End Form



**Need assistance?
Call us on the phone
numbers below**



Email
members@enq.militarysuper.gov.au



Phone
1300 006 727



Fax
(02) 6275 7010



Post
MilitarySuper
GPO Box 2252
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Web
csc.gov.au



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+61 2 6192 9502