



# ADF Super application for early release on medical grounds

1. Explanatory notes

2. Form

## Important information about this form

### 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

Please send this form with your certified proof of identity documents (if applicable) to:

ADF Super  
Locked Bag 20116,  
Melbourne VIC 3001

or

email to:  
[formsandapplications@adfsuper.gov.au](mailto:formsandapplications@adfsuper.gov.au)



Australian  
Defence Force  
Superannuation

# 1. Explanatory notes start

Your superannuation is an investment for your retirement. For this reason, the Government requires that your superannuation be 'preserved', or not accessible, until you reach your 'preservation age'.

Under limited circumstances you may be allowed to access your benefit prior to preservation age.

ADF Super can release your superannuation on medical grounds if you can establish that you are permanently incapacitated or suffering from a terminal medical condition. For ADF Super purposes:

- Permanent incapacity means that CSC ('the trustee') is reasonably satisfied that the person's ill health (whether physical or mental) makes it unlikely that the member will engage in gainful employment.

A terminal medical condition means:

- a. two registered medical practitioners have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the **certification period**) that ends not more than 24 months after the date of the certification;
- b. at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury suffered by the person;
- c. for each of the certificates, the certification period has not ended.

You should also note that, even if you are receiving a disability pension for any other agency, this does not mean that you will automatically satisfy the above definition of total and permanent incapacity.

Once your application has been completed and received by us, the evidence you have provided will be examined and further medical information sought from your treating doctor if necessary.

You may choose to source and submit additional medical or other evidence in support of your claims.

## If you need more information

Before making any financial decisions, please read the **Product Disclosure Statement (PDS)** and consider seeking advice from a licensed professional such as a financial planner.

If you require financial advice, CSC's authorised financial planners provide a personal financial advice service. It is a 'fee for service' advice, which means you receive a fixed quote upfront. There are no obligations, commissions or hidden fees.

To make an initial advice appointment with our financial planners call **1300 277 777** during business hours.

## Your privacy is important to us

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/](https://csc.gov.au/Members/Privacy-policy/)

End of  
explanatory  
notes



# ADF Super application for early release on medical grounds

## 2. Form start

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

**A**

### Provide your personal details

ADF Super membership number

Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Date of birth  /  /

Address

SUBURB  STATE  POSTCODE

Contact details BUSINESS HOURS  MOBILE NUMBER

AFTER HOURS

Email

Tax File Number

I have already provided my TFN to ADF Super. You can check this by logging into **ADF Super Member Online** or under the 'Your details' section of your Member Statement



Australian Defence Force Superannuation

## B Payment instruction

Please note: You should consider the ADF Super product disclosure statement and, if appropriate, obtain professional advice, before deciding whether to withdraw your entire account balance.

Please select one option:

I want to withdraw my entire account balance

I want to withdraw \$          from my account

## C Payment arrangements

Name of account holder(s)  
Must include your name

Branch (BSB) number

 - 

Account number

## D 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](http://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](http://ag.gov.au) and [dfat.gov.au](http://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 questionnaire to be completed by your treating general practitioner (GP)

When you next attend your treating GP please ask him/her to answer the following questions in support of your application for release of your preserved superannuation benefits on medical ground.

## Applicant's details

ADF Super membership number

Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Date of birth <sup>D</sup> <sup>D</sup> / <sup>M</sup> <sup>M</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>

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 the 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 member cannot be rehabilitated back into the workforce: is the member unlikely ever to be able to work again in employment for which he/she is reasonably qualified by education, training or experience?

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

### General Practitioner details

Surname

Given name(s)

Qualifications/speciality

Address

**SUBURB**  **STATE**  **POSTCODE**



**SIGNATURE**

Date signed  
D D / M M / Y Y Y Y  
 /  /



# F

## Medical questionnaire to be completed by your specialist

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

### Applicant's details

ADF Super membership number

Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Date of birth   <sup>D</sup> <sup>D</sup> /   <sup>M</sup> <sup>M</sup> /     <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>

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 the 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 member cannot be rehabilitated back into the workforce: is the member unlikely ever to be able to work again in employment for which he/she is reasonably qualified by education, training or experience?

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

## Specialist details

Surname

Given name(s)

Qualifications/speciality

Address

**SUBURB**  **STATE**  **POSTCODE**

**SIGNATURE**

Date signed <sub>D</sub> <sub>D</sub> / <sub>M</sub> <sub>M</sub> / <sub>Y</sub> <sub>Y</sub> <sub>Y</sub> <sub>Y</sub>

 **Sign**



## Authority to provide medical records and/or advice

To:

Practitioner name

Specialist name

I, (Member name)

of (address)

**SUBURB**  **STATE**  **POSTCODE**

authorise you to provide medical records and/or advice to CSC upon request.

 **Sign**

**SIGNATURE**

Date signed <sub>D</sub> <sub>D</sub> / <sub>M</sub> <sub>M</sub> / <sub>Y</sub> <sub>Y</sub> <sub>Y</sub> <sub>Y</sub>

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 [www.csc.gov.au/Members/Privacy-policy/](http://www.csc.gov.au/Members/Privacy-policy/)



# Declaration

I declare that:

- the information I have provided on this form is true and correct
- I have read the **ADF Super PDS**, and this application is made subject to the terms and conditions of that information
- I have provided certified proof of identity documents (if applicable) to prove my identity.

 **Sign**

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Lodgement

**You have now completed this form.**

Please send this form with your certified proof of identity documents (if applicable) to:

**ADF Super**  
**Locked Bag 20116,**  
**Melbourne VIC 3001**

Or

email  
[formsandapplications@adfsuper.gov.au](mailto:formsandapplications@adfsuper.gov.au)

**End Form**



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



**Email**  
[members@adfsuper.gov.au](mailto:members@adfsuper.gov.au)



**Phone**  
1300 203 439



**Fax**  
1300 204 314



**Post**  
ADF Super  
Locked Bag 20116,  
Melbourne VIC 3001



**Web**  
[csc.gov.au](http://csc.gov.au)



**Overseas Callers**  
+61 2 4209 5401