



PSSap: Terminal illness cash withdrawal form

Important information

Before using this form

Before completing this form, we recommend you read the **PSSap Product Disclosure Statement (PDS)** which is available on our website [csc.gov.au](https://www.csc.gov.au) or by calling **1300 725 171**.

Who this form is for

- PSSap members looking to withdraw their benefit under the grounds of having a Terminal Illness.

What you need to know

To be eligible you will need to provide (unless previously provided) the following information:

- **two** registered medical practitioners who have certified, jointly or separately, that the applicant 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
- 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
- unless previously provided, for each of the certificates, the certification period has not ended.

If you are unable to provide the information above, you will not be eligible to apply under Terminal Illness.

Important

If you hold insurance cover, you may also be eligible to apply and claim the amount of death cover you are insured for.

To ensure you are submitting the appropriate forms, call **1300 725 171**.

Other useful information

- We have included two reports at the end of this form for your doctors to fill in and sign.
- To apply for an early release payment under **financial hardship** or specified **compassionate grounds**, do not use this form. Go to [csc.gov.au](https://www.csc.gov.au) and complete the **Early access to superannuation benefit** form.
- Please note that if you have an unrestricted non-preserved component, you can withdraw this without meeting a condition of release.
- You can check your Benefit Estimate (including whether you have an unrestricted non-preserved component) through the CSC Navigator at [csc.gov.au](https://www.csc.gov.au)
- If you need assistance, please call **1300 725 171**.

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this with a cross (X) then fill out the next question or section.

Privacy

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improving 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/privacy](https://www.csc.gov.au/privacy)



Public Sector
Superannuation
accumulation plan

Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation or needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the PSSap Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Trustee of the Public Sector Superannuation accumulation plan (PSSap) ABN: 65 127 917 725 RSE: R1004601

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.

Further information about the DVS, and the operation and management of the DVS Hub, is available from **IDMatch** at www.idmatch.gov.au/ and the **Attorney-General's Department** at www.ag.gov.au/.

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.

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

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.

Certifying your documents

If you're providing certified documents, the certifying authority must confirm in writing that 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. Note: we require a copy of both sides of your identification document. If your certified copy is a physical document, it must be sent by post. We cannot accept a photo or scan of a certified copy.

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.
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to **Schedule 1** of the *Statutory Declarations Regulations 2023* available at www.legislation.gov.au/F2023L01753/

Meeting 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 check both boxes 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.
- I have attached identification for DVS verification.

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	List B
 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 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 Citizenship Certificate issued by the Commonwealth.	 Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. Example: rates notice, electricity or water bill.
 Your current Pensioner Concession Card issued by the Department of Human Services.	 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. Example: a Centrelink letter.

Members residing overseas

If you live overseas and need to have documents certified, it needs to be done by a person in that 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 and dfat.gov.au. Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator.

Persons residing overseas, foreign residents or anyone wishing to receive payments into an foreign bank account, please contact us to confirm this option and the necessary documentation requirements.

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

E Declaration and signature

I declare that:

- the information I have provided on this form is true and correct
- I have read the **PSSap 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
- I have provided advice from two registered medical practitioners certifying that I am suffering from a terminal illness.

 **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"/>
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F Submitting your form

I have:

- signed this form
- attached my certified proof of identity or consented to use DVS
- completed and attached advice from two medical practitioners certifying that I am suffering from a terminal illness (if not previously provided). This advice was certified and dated within the last 24 months.

You have now completed this form.

If you wish to use DVS, **email** your application and a copy of one of the listed ID requirements in **Section D** to: formsandapplications.pssap@contact.csc.gov.au or,

If you do not wish to use DVS (or, if your documents are incompatible with DVS), you must submit your completed form and your certified proof of identity documents **via post** to:

PSSap, GPO Box 2252, Canberra ACT 2601

For more information visit csc.gov.au

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Terminal Illness—Medical Certificate, General Practitioner (GP) or Specialist

Note: This section is optional, if you have your own separate certification(s), you may provide those instead.

Personal details

PSSap membership no.

Title Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Address

Suburb State Postcode

Mobile number

Phone

Email

General Practitioner details and certification/s

This section to be completed by your GP or Specialist.

Surname

Given name(s)

Qualification/ speciality

Address

Suburb State Postcode

GP Doctor's statement and certifying stamp

Please state the diagnosis. If applicable, indicate the severity of the condition.

Stamp
here

Terminal Illness

In my opinion this person:

IS suffering from a terminal illness, and their current life expectancy is months from the date of this certification.

IS NOT suffering from a terminal illness, in the normal course, that would result in their death within 24 months of this certification.

I acknowledge my patient's authorisation for me to provide the Trustee with any information that may be required in the consideration of this patient's application for early release of preserved benefits.

Please provide your original practitioner stamp to certify the following statement:

I certify that the statement of diagnosis provided above is true and correct.



Sign

Signature

Date signed

/ /

Terminal Illness—Medical Certificate, Specialist Doctor

Note: This section is optional, if you have your own separate certification(s), you may provide those instead.

Personal details

PSSap membership no.

Title Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Address

Suburb State Postcode

Mobile number

Phone

Email

Specialist details and certification/s

This section to be completed by your Specialist Doctor.

Surname

Given name(s)

Qualification/ speciality

Address

Suburb State Postcode

Specialist Doctor's statement and certifying stamp

Please state the diagnosis. If applicable, indicate the severity of the condition.

Stamp
here

Terminal Illness

In my opinion this person:

IS suffering from a terminal illness, and their current life expectancy is months from the date of this certification.

IS NOT suffering from a terminal illness, in the normal course, that would result in their death within 24 months of this certification.

I acknowledge my patient's authorisation for me to provide the Trustee with any information that may be required in the consideration of this patient's application for early release of preserved benefits.

Please provide your original practitioner stamp to certify the following statement:

I certify that the statement of diagnosis provided above is true and correct.



Sign

Signature

Date signed

/ /