

EARLY RELEASE OF SUPER DUE TO PERMANENT INCAPACITY

This is the form you should fill out to make a withdrawal from your Grosvenor Pirie Super account due to permanent incapacity.

You can find detailed information about Grosvenor Pirie Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.gpml.com.au or on request by phoning **(02) 8355 5149**.

This form must be posted to [Grosvenor Pirie Super, PO BOX 1282, Albury NSW 2640](#)

Section 1 Personal details

| | | | |
|---------------|----------------------|----------|----------------------|
| Given Name(s) | <input type="text"/> | | |
| Surname | <input type="text"/> | | |
| Member number | <input type="text"/> | | |
| Date of Birth | <input type="text"/> | | |
| Gender | <input type="text"/> | | |
| Phone number | <input type="text"/> | | |
| Email address | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| | <input type="text"/> | | |
| City | <input type="text"/> | State | <input type="text"/> |
| | | Postcode | <input type="text"/> |

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can elect to receive communications by post at any time by contacting Grosvenor Pirie Super on **(02) 8355 5149** or via email at members@gpml.com.au or in writing at [Grosvenor Pirie Super, 120B Underwood St, Paddington NSW 2640](#).

Section 2 Diagnosis

Please list all medical conditions (illness, injury or disability) which impact on your capacity to work:

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Section 3 Verification of Identity

You must provide **certified** copies of at least 2 of the following:

- Medicare Card
- Drivers License
- Passport

Please ensure that you provide photocopies of your original identification documents and that they are correctly certified. Each page must be certified as a true copy.

Section 4 Withdrawal information

Are you applying for your full account balance to be released? Yes No

If no, how much would you like to withdraw?

\$

Please note the amount specified above is a gross amount, tax may be payable on withdrawals. You must leave at least \$200 in your account. Please specify your account details below:

Account Name

BSB

Account Number

Section 5 Declaration and Signature

By completing this form I declare that:

- I have read and understand the information in the Grosvenor Pirie Super Product Disclosure Statements (PDS) and related documents.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment
- I confirm the details I have provided above are correct
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of paying out my benefit and that I should consult an appropriately qualified adviser for such advice.
- I understand that I can request appropriate information that I may reasonably require from the Fund for the purpose of understanding my benefit entitlement, including information about fees and charges that may apply
- A withdrawal fee may be paid each time a benefit is paid
- By providing my email address, I consent and authorise Grosvenor Pirie Super to send communications or information in electronic format, including information required by law, to you via email or similar technologies. I understand there is a Privacy Policy available at the Grosvenor Pirie website

x

.....

Signature

...../...../.....

Date

Processing Checklist

The trustee will not begin assessing your application until all of the following have been received:

- | | |
|--|---|
| <input type="checkbox"/> Form completed and signed | <input type="checkbox"/> Medical reports completed by two |
| <input type="checkbox"/> Statutory declaration | independent registered medical |
| <input type="checkbox"/> Verification of ID | practitioners |

MEDICAL REPORT

This form must be completed by a registered medical practitioner

Member name

Member number

I, the undersigned, understand that the abovementioned, being a member of the Grosvenor Pirie Super, has ceased to be gainfully employed and has made claim on the Fund for payment of his / her benefit on the grounds of permanent incapacity.

The members permanent incapacity has been caused by:

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In accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations (Regulation 6 01 (2) and the Income Tax Assessment Act 1936 (Section 27G) covering payment of benefits due to permanent incapacity, I certify that in my opinion, the abovementioned member is unlikely ever again to engage in gainful employment for which he / she is reasonably qualified by education, training or experience.

Name

Qualifications

Provider number

Phone number

Email address

x

.....

Signature of medical practitioner

...../...../.....

Date

MEDICAL REPORT

This form must be completed by a registered medical practitioner

Member name

Member number

I, the undersigned, understand that the abovementioned, being a member of the Grosvenor Pirie Super, has ceased to be gainfully employed and has made claim on the Fund for payment of his / her benefit on the grounds of permanent incapacity.

The members permanent incapacity has been caused by:

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In accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations (Regulation 6 01 (2) and the Income Tax Assessment Act 1936 (Section 27G) covering payment of benefits due to permanent incapacity, I certify that in my opinion, the abovementioned member is unlikely ever again to engage in gainful employment for which he / she is reasonably qualified by education, training or experience.

Name

Qualifications

Provider number

Phone number

Email address

x
Signature of medical practitioner

...../...../.....
Date

EARLY RELEASE OF BENEFIT DUE TO PERMANENT INCAPACITY FORM

STATUTORY DECLARATION

I (insert name)....., (insert address).....
(insert occupation)..... do solemnly and sincerely declare that the information provided by me in the 'Early Release of benefit due to Permanent Incapacity Form – Part I' annexed to this Statutory Declaration is true and correct.

I also declare that I am unable to engage in gainful employment for which I am reasonably qualified by education, training or experience.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended (the Act) and subject to the penaltiesⁱ provided in that Act for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signed x.....
(Signature of person making the declaration) - (Please sign in front of an authorised witness)

Declared at
(Location)

On
(Date)

Authorised witness before me

(Name of authorised witness – please print. Note the authorised witness must be either a: Justice of The Peace, Doctor, pharmacist or Australia Post Officer)

x.....
(Signature of person before whom the Declaration is made)

x.....
(Insert qualifications and address of person before whom the declaration is made)

ⁱ - A person who wilfully makes a false statement in a Statutory declaration under the Statutory Declaration Act 1959 as amended is guilty of an offence against this Act the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding 6 months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.