LINDFIELD SUPERANNUATION FUND

Issued 2 June 2020
Fund ABN 32 367 272 075 | USI 32 367 272 075 156

EARLY RELEASE OF SUPER DUE TO PERMANENT INCAPACITY

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

You can find detailed information about Lindfield 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 Lindfield Super, PO BOX 1282, Albury NSW 2640

Section 1 Personal details

Given Name(s)	
Surname	
Member number	
Date of Birth	
Gender	
Phone number	
Email address	
Address	

City | State | Postcode

* 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 Lindfield Super on (02) 8355 5149 or via email at members@gpml.com.au or in writing at Lindfield Super, 120B Underwood St, Paddington NSW 2640.

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Section 2 Diagnosis

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

Section 3 Verification of Identity

Please select one of the two options below.

Option 1 - I want to attach paper copies of certified ID.

Please ensure that you provide photocopies of at least two of the following - Australian Passport, Australian Drivers' Licence, Medicare Card. Each page much be certified as a true copy.

If the documents you provide are not correctly certified or are unable to be read, you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party id validation provider, including confirming your document is valid with the original document issuer.

Option 2 - I want to use electronic verification.

By providing the information below, you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party id validation provider, including confirming your document is valid with the original document issuer.

You must provide at least two of the following (if you are unable to provide this information you will need to provide certified ID as per option 1).

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Australian Passport Please complete the details exactly as they appear on your Passport

Passport number		First Name	
Last Name		Date of Birth	
Sex			

Medicare Card Please complete the details exactly as they appear on your card

Card number		Reference number	
First Name		Last Name	
Date of Birth		Card Expiry date	

Australian Drivers Licence Please complete the details exactly as they appear on your Licence

Licence number		State of issue	
First Name		Last Name	
Date of Birth			

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	

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Section 5 Declaration and Signature

By completing this form I declare that:

- I have read and understand the information in the Lindfield 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 Lindfield 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 Lindfield website

x

…… ……./……/……

Signature Date

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Processing Checklist

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

☐ Form completed and signed ☐ Statutory declaration
☐ Verification of ID

☐ Medical reports completed by two independent registered medical 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 Lindfield 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:

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	

×

…….. …….../……./…….

Signature of medical practitioner Date

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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 Lindfield 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.

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Name	
Qualifications	
Provider number	
Phone number	
Email address	

x ……. ……/……/……

Signature of medical practitioner Date

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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 penalties[i] 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 ×……
(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)

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

×……
(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.

Interests in Lindfield Super are issued by Diversa Trustees Limited (ABN 49 006 421 638, AFS Licence No. 235153, RSE Licence No. L0000635) as trustee of Lindfield Super, which forms part of the Grosvenor Pirie Master Super Fund - Series 2 (ABN 32 367 272 075, RSE Registration R1001204).