

# MEDICAL PRACTITIONER STATEMENT AND MEMBER DECLARATION

## EARLY RELEASE OF SUPERANNUATION BENEFITS DUE TO PERMANENT INCAPACITY OR A TERMINAL MEDICAL CONDITION

### WHAT ACTION DO MEMBERS NEED TO TAKE?

If a member wishes to apply for early release of their superannuation benefits due to permanent incapacity or a terminal medical condition, the following instructions will help them provide correct information to the trustee, Equity Trustees Superannuation Limited (ETSL), when completing the application form.

The member has two payment options upon satisfying the permanent incapacity condition of release:

- lump sum, or
- pension.

If the member satisfies the terminal medical condition of release, their benefits can only be paid as a lump sum.

### PERMANENT INCAPACITY – LUMP SUM

For members seeking early release due to permanent incapacity, they must:

- provide a completed *Superannuation Withdrawal* form
- declare that they are 'requesting the benefit be paid because of disability' by completing and signing section 1 of the below form
- provide two Medical Practitioner Statements and member declaration forms which have been completed and signed by the member and by separate registered medical practitioners. The medical practitioners will be required to state that in their opinion, the member is:

unlikely, because of ill-health, to ever engage in gainful employment for which they are reasonably qualified by education, training or experience.

### PERMANENT INCAPACITY – PENSION

For members seeking to commence a pension due to permanent incapacity, they must:

- provide a completed pension account application form
- declare that they are 'requesting the benefit be paid because of disability' by completing and signing section 1 of the below form
- provide two Medical Practitioner Statements and member declaration forms which have been completed and signed by the member and by separate registered medical practitioners. The medical practitioners will be required to state that in their opinion, the member is:

unlikely, because of ill-health, to ever engage in gainful employment for which they are reasonably qualified by education, training or experience.

# MEDICAL PRACTITIONER STATEMENT AND MEMBERS DECLARATION

## THE FOLLOWING IS APPLICABLE TO BOTH PERMANENT INCAPACITY LUMP SUMS AND PENSIONS

### OTHER REQUIREMENTS BY THE TRUSTEE

The Medical Practitioner Statements the member obtains and submits with their application for early release must:

- be dated and signed within the last six months
- indicate how long the member has been a patient of the respective doctor(s)
- indicate the member has been in consultation with the medical practitioner(s) for a minimum of six months (not applicable to medical specialists).

In addition:

- the Medical Practitioner Statements must be a full diagnosis of the member's condition and state the doctor's medical opinion as to whether the patient can or cannot undertake gainful employment he or she is reasonably qualified by education, training or experience
- the trustee will not accept notification that the member has previously been granted a disability benefit.

### TRUSTEE CONSIDERATIONS

Upon the receipt of completed documentation, the trustee will consider the member's application.

## TERMINAL MEDICAL CONDITION

For members seeking early release due to a terminal medical condition, the member must complete the *Superannuation Withdrawal* form and provide the following signed Medical Practitioner Statements:

- a Medical Practitioner Statement signed by a registered medical practitioner who is a specialist practicing in an area relating to the member's condition, and
- a Medical Practitioner Statement signed by a registered medical practitioner who the member has been in consultation with for a **minimum of six months** (not applicable to medical specialists).

**Note:** The medical practitioners will be required to state that in their opinion the member is:

suffering from an illness, or has incurred an injury, that is likely to result in their death within (a specified period of no more than 24 months).

### OTHER REQUIREMENTS BY THE TRUSTEE

The Medical Practitioner Statements the member obtains and submits with their application for early release must:

- be dated and signed within the last six months
- indicate how long the member has been a patient of the respective doctor(s)
- indicate the member has been in consultation with the medical practitioner(s) for a **minimum of six months** (not applicable to medical specialists).

### TRUSTEE CONSIDERATIONS

Upon receipt of completed documentation, the trustee will consider the member's application.



## Perpetual Private Wrap

Perpetual Trustee Company Limited ABN 42 000 001 007 AFSL 236643

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

Perpetual Super Wrap ABN 22 897 174 641 RSE R1074406

# PERPETUAL PRIVATE SUPER WRAP MEDICAL PRACTITIONER STATEMENT AND MEMBER DECLARATION

In accordance with superannuation law, Perpetual may allow members to access their preserved benefits in certain limited circumstances before reaching their preservation age, retiring or reaching age 65. These conditions of early release include terminal medical condition or permanent incapacity.

The Trustee of this product (Equity Trustees Superannuation Limited (ETSL)) requires the information requested in this medical practitioner statement and member declaration to make a decision about your claim for the release of your preserved superannuation benefit entitlement on grounds of Permanent Incapacity. It will not be used for any other purpose. The Trustee will be unable to reach a decision without it.

### Please note:

- the issue of this form does not constitute an admission of liability by the superannuation fund
- that further information and/or documentation may be requested by Perpetual as part of our assessment.

PLEASE USE BLACK INK

**!** The member is to complete section 1. If you are the member's doctor ► go to sections 2 to 4

## 1. Member declaration – only to be completed by the member if applying for permanent incapacity

If applying based on a terminal medical condition, do not complete this section. Ensure that sections 2 to 4 are completed by the member's doctor.

Account number

Account name

Residential address

Suburb

State

Postcode

Country

Date of birth

 /  / 

Contact telephone number

### EDUCATION AND TRAINING

What professional, training, courses, skills or trade qualifications do you have?

Please provide any other details that you believe may help the trustee to reach a decision?

### EXPERIENCE

What is your regular occupation?

#### Previous employment 1

From

 /  / 

To

 /  / 

Employer

Description of position

Responsibilities

Continued on next page

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**Previous employment 2**

From	To	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		
<input type="text"/>		

**Previous employment 3**

From	To	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		
<input type="text"/>		

**Previous employment 4**

From	To	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		
<input type="text"/>		

**Previous employment 5**

From	To	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		
<input type="text"/>		

**MEMBER DECLARATION – PERMANENT INCAPACITY**

If the member is requesting the benefit be paid because of disability, please complete the following request to inform the trustee of your entitlement to the disability superannuation benefit tax concessions:

- I declare that due to ill-health, it is unlikely that I will ever engage in gainful employment for which I am reasonably qualified by education, training or experience
- where my application for access to benefits is successful, I request that my benefit be paid due to disability, and
- the information in this declaration is true and correct. I make this declaration according to the law, and understand it will be relied upon by the trustee and there may be penalties for any false statements.

**Signature of member**

<input type="text"/>	Date <input type="text"/>
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Member name
<input type="text"/>

**The member's doctor is to complete the following sections 2 to 4****2. Medical practitioner statement – patient details**

Title	Full given name(s)	
<input type="text"/>	<input type="text"/>	
Surname	Date of birth	
<input type="text"/>	<input type="text"/>	
Account number	Contact telephone number	
<input type="text"/>	<input type="text"/>	
Street name and number		
<input type="text"/>		
Suburb		
<input type="text"/>		
State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. Details of illness or injury

**!** IMPORTANT: Please note that the below "Date" fields are mandatory and to be completed by the medical practitioner only.

Date the said person became a patient of yours:

 /  / 

Date the said person first consulted you in respect of their illness or injury:

 /  / 

What is the nature of the said person's illness or injury? *Provide current medical condition and where possible, the history of the illness or injury*

What treatment is the said person currently receiving in relation to their condition?

What has been the resulting effect or impact that the condition has had on the said person?

#### PERMANENT INCAPACITY

Has the said person stopped being capable of engaging in gainful employment for which they are reasonably qualified by education, training or experience?

☐ Yes ☐ No

Date the said person stopped being capable of engaging in gainful employment for which they are reasonably qualified by education, training or experience (for permanent incapacity only):

 /  / 

### 4. Declaration

I, a registered Medical Practitioner (undersigned), certify that in my opinion the said person identified above, would be classified as meeting one of the following (please check one of the following A or B only):

A. ☐ **Terminal medical condition:** The said person suffers from an illness, or has incurred an injury, that is likely to result in the death of the said person within a period of  months

B. ☐ **Permanent incapacity (for early release of superannuation):** The said person is unlikely, because of ill-health (whether physical or mental), to ever engage in gainful employment for which the person is reasonably qualified by education, training or experience

Signature of Medical Practitioner

Date  /  /

Name of practitioner

Qualification/specialty

Provider/Registration number

Practitioner's phone number

Medical practitioner's stamp

1. Please ensure your client signs the form
2. Retain a copy for your records
3. Send this form to:  
**Perpetual Private Wrap**  
GPO Box 5230  
Sydney NSW 2001  
Email: [wrap@perpetual.com.au](mailto:wrap@perpetual.com.au)

If you have any questions about completing this form – Clients please contact your financial adviser, Advisers please contact us on **1800 099 652**.