

Application for Superannuation Benefit

Terminal Medical Condition

Who should use this form?

You should complete this form if you wish to apply for a Terminal Medical Condition benefit from ESSSuper.

Before you start

For Accumulation Plan members: Please ensure that prior to completing this application, you have read the *Accumulation Plan Product Disclosure Statement*.

For Defined Benefit members: Please ensure that prior to completing this application, you have read the *Claiming a Disability Benefit brochure*. If you have any questions or are unsure of your entitlements please phone our Member Service Centre and ask to speak with a Disability Benefits Claims Assessor.

In accordance with Commonwealth Regulations, a terminal medical condition exists if the following circumstances exist:

- 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;
- 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;
- for each of the certificates, the certification period has not ended.

Medical certificates must be provided to ESSSuper before any benefit can be released.

DEFINED BENEFIT MEMBERS (ESSS, New, Revised, SERB, Transport Scheme)

The benefit will be equal to your resignation benefit, or any deferred benefit, or another amount nominated by you, up to your resignation benefit. Where a benefit is released and your membership continues, a debt account will be established. The debt account will be indexed to Average Weekly Ordinary Time Earnings (AWOTE) plus 2.5% per annum. The final debt account balance will be deducted from any benefit payable to your dependant(s) on your death.

ALL OTHER ACCOUNTS (Accumulation Plan, Beneficiary Account)

If two medical practitioners (one of whom is a specialist practising in an area related to the illness or injury) have certified that you have an illness or injury that is likely to result in death within 24 months, you will be able to access both your Beneficiary Account balance, Accumulation Plan balance and up to a maximum of \$1 million of insured death cover.

If you are paid a terminal medical condition benefit, your insured death cover will cease unless your cover is greater than \$1 million, in which case the balance of the insured value in excess of \$1 million is paid when you die, as long as your death occurs before age 65 and you have continued to pay death cover insurance premiums.

The maximum benefit will be equal to your account balance plus, any insured benefit up to a maximum of \$1 million (if applicable).

You must submit the original copy of this form and the supporting medical certificates to ESSSuper by way of mail or in person.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Member details

Member number

Title

 Mr Mrs Ms Miss Other (please specify)

Surname

Given names

Date of birth

 / /

Postal address

Suburb

State

Postcode

Mark with an **X** if your postal and residential address are the same. If your residential address is different, please specify below.

Residential address

Suburb

State

Postcode

Telephone (business hours)


 ()

(after hours)

 ()

Telephone (mobile)

Email address

 By providing your email address you are authorising ESSSuper to send communications to that address. This authorisation will apply until it is revoked by you.

Section 2

Payment options

Please select the type of account you hold with ESSSuper (if you have more than one account type please tick more than one box)

Accumulation Plan

I would like to withdraw:

The maximum amount (by selecting this option you will cease to have any entitlements held in an Accumulation Plan account including insurance if applicable.)

OR

A partial amount from my Accumulation Plan equal to (please select one):

 % **OR** \$, , .

Note: you will need to maintain a minimum balance of \$5,000.

OR

Active Defined Benefit Scheme (ESSS, New, Revised, SERB, Transport)

I would like to withdraw:

The maximum amount (maximum value is equal to your resignation benefit)

OR

A partial amount from my account equal to (please select one):

 % **OR** \$, , .

OR

Deferred Benefit – Full Withdrawal (No further benefits will be payable)

Section 2

Payment options (continued)

OR

Beneficiary Account

I would like to withdraw:

The maximum amount (by selecting this option you will cease to have any entitlements held in the Beneficiary Account.)

OR

A partial amount from my Beneficiary Account equal to (please select one):

% OR \$, , . 0 0

Note: you will need to maintain a minimum balance of \$5,000.

OR

Defined Benefit members terminating employment due to terminal medical illness – I will cease employment and apply for a full withdrawal of my benefits (No further benefits will be payable)

Employer name

Payroll number

I declare that I will cease/have ceased employment on (date) / /

Section 3

Banking account details

Your benefit will be paid into an account held in your name (or jointly in your name). Please take care in recording financial institution details, particularly the account number (most account numbers have a maximum of nine digits). Neither your bank nor ESSSuper can accept responsibility for any delay or loss of interest caused by incorrect bank details on this application.

Name of financial institution
 Financial institution postal address

Suburb

State Postcode

Account holder name (e.g. John Citizen)

BSB number - Account number

Section 4

Certified identification

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act) was introduced to help the Government fight the funding of terrorism and money laundering activities, and is law. The rules that came into affect require that ESSSuper members provide identification when making certain requests.

Please ensure you attach a certified copy* of your identification

Please provide:

A certified copy* of your current Driver's Licence or valid Passport

OR

If you do not have a current Driver's Licence or valid Passport please provide a certified copy* of:

Either a birth certificate or extract, or Australian citizenship certificate or Centrelink pension card;

AND any of the following documents:

A letter addressed to you from Centrelink regarding benefits, or any letter from a Federal, State or local government agency showing your name and address details.

AND

Medical Certificates in accordance with Commonwealth Regulations (detailed at the beginning of this form in the *Before you Start* section)

*Note: Please refer to the section titled "How to Certify Documents" on page 5 of this form for details about what you need to do to get copies of your ID legally certified.

Section 5

Authority to release information, declaration and signature

I acknowledge and agree that:

For Defined Benefit members:

- I have read and understood the *Claiming a Disability Benefit brochure* available from ESSSuper.
- I have read and accept the statements relating to privacy appearing in the ESSSuper Privacy Statement available from www.esssuper.com.au. ESSSuper will collect and use the information contained in this form to administer the public sector superannuation scheme of which I am a member. This information may be disclosed to third parties to administer my membership, or claim, or as required or authorised by law.
- I authorise ESSSuper and its authorised representatives to have access to any personal information relating to me as required or requested.
- I am prepared to provide any other information that ESSSuper may reasonably request and I am willing to undergo any medical examination(s) that ESSSuper may require in order to determine my eligibility for benefits.
- I fully understand and accept the implications of the election I have made on this Application Form and I declare that the information provided is true and correct.
- I have read and understood ESSSuper's ESSS DB Fund or Accumulation Plan Product Disclosure Statement.

In addition if I hold a Defined Benefit account I acknowledge and agree that:

- I understand that any final death benefit payable to a dependant will be reduced by any debt account held in my name including the interest calculation.

In addition if I am seeking an insurance benefit I acknowledge and agree that:

- Insurance cover will cease upon full payment of that benefit.

Signature

Date

/ /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | F 1300 766 757 | www.esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at www.esssuper.com.au

How to certify documents

You do not need to seek an authorised witness to certify a photocopy of your identification if you bring your original identification for an ESSSuper staff member to sight, and a copy is made for our use only. However copies of any other documents, any photocopies sent in to us, or any copies that will be used to transfer funds from another superannuation scheme to ESSSuper, must be certified as set out below.

Step 1	Step 2	Step 3
Take the original and a copy of your selected documents to an approved certifier (see list below) who will verify that the original documents have been sighted.	Ensure that the certifier sights the original and then signs the copy confirming it is a true copy of the original. The certifier must also provide their name, the date of certification and the category/occupation that allows them to certify documents.	Post your completed application form and the certified copy of your documents to ESSSuper. NOTE: We can not accept a photocopy or fax of the certification. Please ensure the original certification is sent.

Who can certify documents?

Conditions and definitions

Accountant	<ul style="list-style-type: none"> A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants; Member of the Association of Taxation and Management Accountants; or a Fellow of the National Tax Accountants' Association.
Banking or Financial Institutions	<ul style="list-style-type: none"> A bank or building society or Credit Union officer with 2 or more continuous years of service; or a finance company officer with 2 or more continuous years of service; or an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.
Consular or Diplomatic Officer	<ul style="list-style-type: none"> An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of <i>Consular Fees Act 1955</i>).
Justice of the Peace or Notary Public	<ul style="list-style-type: none"> A Justice of the Peace or Notary Public.
Law Enforcement	<ul style="list-style-type: none"> A Police officer; A Sheriff or Sheriff's officer; a member of the Australian Defence Force who is an officer; or a non-commissioned officer within the meaning of the <i>Defence Force Discipline Act 1982</i> with 5 or more years of continuous service or a warrant officer within the meaning of that Act.
Legal Professional	<ul style="list-style-type: none"> Legal practitioner; a judge of a court; a magistrate; a chief executive officer of a Commonwealth court; a registrar or a deputy registrar of a court; a master of the court; a Bailiff; a Clerk of the court; a Trades marks attorney; a Patent attorney; a Commissioner for Affidavits; or a Commissioner of Declarations.
Medical and Pharmacy	<ul style="list-style-type: none"> Medical Practitioner; Dentists; Pharmacists; Chiropractor; Nurse; Optometrist; Physiotherapist; or Psychologist.
Outside of Australia, Employee of the Australian Trade Commission or of the Commonwealth	<ul style="list-style-type: none"> An employee of the Australian Trade Commission or of the Commonwealth who is in a country or place outside Australia and is authorised under paragraph 3 (c) or 3 (d) of the <i>Consular Fees Act 1955</i> and exercising his or her function in that place.
Politician or Government Employee	<ul style="list-style-type: none"> A permanent employee of the Commonwealth or a Commonwealth authority; or a State or Territory or a State or Territory authority or a local government authority with 2 or more years of continuous service. A member of the Parliament of the Commonwealth; or the Parliament of a State; or a Territory legislature; or a local government authority of a State or Territory. A Senior Executive Service employee of the Commonwealth or a Commonwealth authority; or a State or Territory or a State or Territory authority.
Teacher	<ul style="list-style-type: none"> A Teacher Employed on a full time basis at a school or tertiary education institution.
Other	<ul style="list-style-type: none"> A Veterinary Surgeon; Marriage celebrant or Minister of religion registered under Subdivision A or C of Division 1 of Part IV of the <i>Marriage Act 1961</i>; A member of Engineers Australia, other than at the grade of student; a Member of Chartered Secretaries Australia; a person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made; a member of the Australasian Institute of Mining and Metallurgy.