

# Application for Payment of Disability or Ill Health Benefit

## Who should use this form?

You should complete this form if:

- you are a member of the Revised • Scheme, New Scheme, State Employees Retirement Benefits (SERB) Scheme or Transport Scheme and ESSSuper has formally approved the payment of a Disability or Ill Health Benefit.

## Before you start

Complete all applicable Sections then forward this application to us at the address on page 6. This application cannot be processed if it is incomplete or if the required documentary evidence is not supplied or is incorrect. If the relevant sections of this application are not completed then the application will be returned to you.

### **Important: Please read carefully before completing this application**

For further details about claiming your benefit go to our website at [www.esssuper.com.au](http://www.esssuper.com.au) or call our Member Service Centre on 1300 655 476.

**You are strongly advised to seek independent financial advice before completing this application.** ESSSuper has 'partnered' with a licensed financial planning organisation to provide you with fee for service financial advice (commission free). The financial planners are able to provide you with a range of services which takes into account your specific financial needs and objectives.

Do not commit yourself to any financial arrangements until we forward a benefit payment to you. Your benefit will be forwarded according to your payment directions on this application.

### **Taxation information**

- If approval has been given for you to receive all or part of your benefit as a pension and you wish to claim the tax free threshold and/or any available rebates against your pension benefit then you need to attach a completed *Tax File Number Declaration (TFND)* Form which is available from our website, [www.esssuper.com.au](http://www.esssuper.com.au).
- If applicable, any outstanding surcharge debt as recorded at the time of a claim for a benefit must be recovered by us prior to paying the benefit. Surcharge debts are recovered from the pre-taxed benefit.

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

## Section 1

### Your personal details

Member number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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Title

<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	Miss	<input type="text"/>	Other (please specify)	<input type="text"/>	<input type="text"/>	<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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Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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Given names

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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Date of birth

<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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Postal address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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State

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<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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Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.

## Section 1

## Your personal details cont.

Residential address

Suburb

State

Postcode

Telephone (business hours)

(   )(after hours) (   )

Telephone (mobile)

Email address

Current employer



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

## Section 2

## Certified identification documents provided

Please provide a certified copy of your identification documents. Certified copies are copies of original documents that have been verified and signed by one of the professional persons listed. We cannot accept a photograph, scanned copy via email or fax of the certification. Please ensure the original certification is sent.

**Option 1:** Current Driver's Licence or Passport

OR

**Option 2:** Either a birth certificate or extract,  
Australian citizenship certificate  
OR Centrelink pension card.

AND

A letter addressed to you from Centrelink regarding a benefit payment, a letter from a Federal, State or local government body showing your name and residential address, e.g. rates notice OR a Tax Office Notice of Assessment.

Refer to page 7 of this form for information on who is able to certify that your documents are true and correct.

## Section 3

## Your approved benefit details

Indicate below the type of benefit that has been approved (please note the payment method for each benefit type).

Select only **ONE** of the following options for the payment of your benefit, otherwise the application will be invalid.

**Pension**

A fortnightly pension will be paid to your bank account (Complete Sections 5, 9, 10 & 11) and ensure that you attach a TFND Form to this application.

OR

**Lump Sum**

The total payment will be paid per your instructions (Complete Section 4, then Sections 9, 10 & 11).

OR

**Combination Pension and Lump Sum**

The payment will be paid to your bank account AND rolled over to the complying superannuation fund(s) of your choice as per your instructions below. (Complete Sections 4, 5, 8, 9, 10 & 11).



Section 7

Transfer to the ESSSuper Income Stream (you must transfer a minimum of \$50,000)

Please complete this section if you wish to purchase an ESSSuper Working Income Stream or Retirement Income Stream

I elect to deposit a gross amount of:  
\$  into an ESSSuper Working Income Stream.

**OR**

I elect to deposit a gross amount of:  
\$  into an ESSSuper Retirement Income Stream.

You must also complete the Application Form and the Tax File Number Declaration (if you are under age 60) contained in the Income Stream Product Disclosure Statement and return them along with this form to ESSSuper. **NO PAYMENTS CAN BE MADE TO AN INCOME STREAM WITHOUT A COMPLETED INCOME STREAM APPLICATION FORM.**

Section 8

Your Rollover Fund details

To enable us to process your benefit please ensure that the exact title of the fund and its Australian Business Number (ABN) and the Superannuation Product Identification Number (SPIN) are clearly shown below.

If you are rolling over to a Self Managed Superannuation Fund (SMSF), please provide the ABN (Australian Business Number) as advised by the Australian Taxation Office, and a certified copy of the Section of the Trust Deed which shows you as a trustee/member (refer to page 7 for details of who can certify documentation).

If you are rolling over part or all of your benefit it will be sent by us to your nominated complying Superannuation or approved rollover fund(s).

Name of rollover financial institution

Name of fund

Financial institution postal address

Suburb

State

Postcode

Cheque in favour of

Fund ABN

 -  -   SPIN   A U
 

Account no. (if known)

I wish to rollover into more than one fund  Yes  No

If **YES** state number of funds then attach details to this application

## Section 9

## Tax File Number (TFN) Notification Authority

ESSSuper is legally authorised to collect your TFN. We will only use it for legal purposes. We may provide it to the trustee of another superannuation fund or RSA unless you tell us in writing not to. These legal purposes may change in future.

You are not required to supply your TFN but if you do:

- Your superannuation account will be able to accept all types of contributions
- You will not pay any additional tax on contributions in your account
- When you start drawing down your superannuation account you won't pay any additional tax than is already required; and it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

**For tax-related information, please contact the Australian Taxation Office Superannuation Helpline on 13 10 20.**

Please tick **one** of the following:

I do not wish to provide my Tax File Number and understand that I am under no obligation to do so.

I agree to provide my Tax File Number for the purposes outlined above.

Tax File Number     -     -

## Section 10

## Do you have a partner?

**Yes.** Please complete this section.

**No.** Go to section 11.

Partner's name

Postal address

Suburb

State

Postcode

Partner's date of birth

 /  / 

Date of marriage  
(if applicable):

 /  / 

Certified copy of Birth certificate (of partner) previously supplied

Yes

No

Certified copy of Marriage certificate previously supplied

Yes

No

If **NO**, then a certified copy of these certificate(s) must be attached to this application (if applicable).

## Section 11

## Declaration and signature

- I acknowledge that ESSSuper has recommended that I obtain financial advice in relation to the decision whether I should accept a lump sum disability benefit.
- I have considered the information concerning Tax File Numbers in Section 9.
- I authorise ESSSuper to deduct any monies owing to the Scheme from my superannuation benefit.
- I request that my benefit be paid according to the information provided in this application.

Signature

PLEASE SIGN HERE

Date

 /  /

## Application for Application for Payment of Disability or Ill Health Benefit Checklist

- Have you read the important information section on page 1 of this application?
- Have you sought independent financial advice before completing this application?
- Have you completed the required details in the relevant Sections of this application?
- If you have been approved to receive a pension benefit, or if you have elected to receive a lump sum or part lump sum benefit, have you nominated where the payment is to be deposited, including the six digit BSB number and the account number?
- If you have been approved to receive a pension benefit, have you completed the Australian Taxation Office's Tax File Number Declaration (TFND) Form and attached it to this application?
- Have you attached a relevant application form for the ESSSuper Accumulation Plan or Income Stream (if applicable)?
- If you have elected to rollover your benefit, are all the details of the institution(s) you have chosen been completed, including the rollover fund(s) ABN and SPIN?
- If rolling over to an SMSF, have you attached a certified copy of the appropriate section of the Trust Deed?
- Have you attached the required certified document(s) as per Section 2? (Please note that your benefit cannot be processed until we receive all required documents)?
- Have you included your Tax File Number (TFN) in Section 9 of this application? (Please note that you are not compelled to provide your TFN to us)?
- Have you included a daytime telephone number that we can contact you on?
- Have you signed and dated Section 11?

**Please forward this completed form to**

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 655 476 | F 1300 766 757 | [www.esssuper.com.au](http://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](http://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 fund 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, scanned copy via email or a fax of the certification. Please ensure the original certification is sent.

## Who can certify documents?

## Conditions and definitions

### Accountant

- 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

- 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. An officer with, or a credit representative of, a holder of an Australia credit license, having 2 or more years of continuous service with one or more licensees.

### Consular or Diplomatic Officer

- An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of Consular Fees Act 1955).

### Justice of the Peace or Notary Public

- A Justice of the Peace or Notary Public.

### Law Enforcement

- 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 Defence Force Discipline Act 1982 with 2 or more years of continuous service or a warrant officer within the meaning of that Act.

### Legal Professional

- 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. A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).

### Medical and Pharmacy

- Medical Practitioner; Dentists; Pharmacists; Chiropractor; Nurse; Optometrist; Physiotherapist; or Psychologist.

### Outside of Australia, Employee of the Trade Commission or of the Commonwealth

- 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 Consular Fees Act 1955 and exercising his or her function in that place.

### Politician or Government Employee

- 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

- A Teacher Employed on a full time basis at a school or tertiary education institution.

### Other

- A Veterinary Surgeon; Marriage celebrant or Minister of religion registered under Subdivision A or C of Division 1 of Part IV of the Marriage Act 1961.
- 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.
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
- A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.