

APPLICATION FOR EARLY RELEASE OF SUPERANNUATION BENEFITS ON PERMANENT INCAPACITY GROUNDS FOR RETAINED MEMBERS

This form is to be used for employees who have ceased, have retained their benefit within the NTGPASS, and wish to apply for an early release of their preserved benefit component on permanent incapacity grounds in part or in full. Under Commonwealth Government legislative requirements, preserved benefits generally must be retained in a superannuation fund or rollover fund until permanent retirement after age 55.

Who is eligible?

To be granted an early release of your retained superannuation benefit on permanent incapacity grounds, your application must be accompanied by written evidence:

- Letter from a medical practitioner detailing your present condition and prognosis of your ability to ever again engage in gainful employment for which you are reasonably qualified by education, training or experience; and
- A second letter from a specialist medical practitioner detailing your present condition and prognosis of your ability to ever again engage in gainful employment for which you are reasonably qualified by education, training and experience.
- A written request from the member claiming the funds or the appropriate authorised person, ie person holding power of attorney including a copy of the power of attorney.
- Any other supporting documentation regarding your claim.

The trustee must be satisfied that:

- You have ceased gainful employment (ie working less than 10 hours each week); and
- You are unlikely, because of physical or mental ill-health, ever again to engage in gainful employment for which you are reasonably qualified by education, training or experience.

How to apply?

If you are eligible and wish to apply for an early release of your preserved benefit component on permanent incapacity grounds, please complete the details on the reverse side of this form and all necessary written evidence.

This form and all written evidence should be returned to the
NT Superannuation Office,
GPO Box 4675 Darwin NT 0801.

If you have any questions please call this office on
(08) 8901 4200 or toll free on 1800 631 630

EARLY RELEASE OF SUPERANNUATION BENEFITS ON PERMANENT INCAPACITY GROUNDS

Personal details and other relevant information (to be completed in all cases)

Title	Surname	Given Name
Postal Address		State Postcode
Tax File Number		Commonwealth tax legislation requires that you be given the opportunity to provide your TFN. If you do not quote your TFN on this form, the NT Superannuation Office is required to deduct tax from any cash benefit at the highest marginal rate of tax.
() / /		
AGS Number	Daytime Contact Phone No	Date of Birth
<ul style="list-style-type: none"> • Total amount of preserved funds you wish to have released under permanent incapacity grounds. \$ • Balance of funds to be retained with NTGPASS (note: you may be required to complete further fund documentation to comply with Australian Securities Commission regulations). \$ 		
OR		
<ul style="list-style-type: none"> • Balance of retained funds to be rolled over to private fund (please provide rollover fund details below). \$ 		

Payment Details

<input type="checkbox"/>	Paid net of tax to the above address
<input type="checkbox"/>	Paid net of tax to the following bank account Name of Bank/Building Society/Credit Union _____ Branch Number (BSB No) _____ Account Number _____ Account Name(s) _____
<input type="checkbox"/>	Forward the balance of my retained benefit to the following approved rollover fund: <i>Note: you may be required to complete further fund documentation to comply with Australian Securities Commission regulations.</i> Name of the fund or rollover institution _____ Policy Number _____ Superannuation Fund Postal Address _____
Applicant's Signature _____ Date / /	
Information Provided	
<ul style="list-style-type: none"> • A written request from the member claiming the funds 	<input type="checkbox"/> Yes <input type="checkbox"/> No
OR	
<ul style="list-style-type: none"> • The appropriate authorised person, ie person holding Power of Attorney (provide copies of the Power of Attorney or other legal documents) • Two separate letter, one from a medical practitioner and one from a specialist • Are you currently employed on a full-time or part-time basis (ie. more than 10 hours each week)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No