



APPLICATION FOR EARLY RELEASE OF SUPER DUE TO TERMINAL ILLNESS

Complete this form if you are intending to make a withdrawal from your Future Super account on the grounds of terminal illness release.

You can find detailed information about Future 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.futuresuper.com.au or on request by phoning **1300 658 422**.

This form must be posted to GPO Box 2754, Brisbane QLD 4001.

Section 1 Personal details

Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Title	<input type="text"/>		
Date of Birth	<input type="text"/>		
Phone number	<input type="text"/>		
Email address*	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

* 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 Future Super on **1300 658 422** or via email at info@futuresuper.com.au or in writing at **GPO Box 2754, Brisbane QLD 4001**.

Section 2 Diagnosis

Please list your medical condition(s):

Section 3 Verification of Identity

Please select **one** option.

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

Please ensure that you provide photocopies of your original identification documents and that they are correctly certified. Each page must 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 green ID validation provider, including confirming your document is valid with the original document issuer.

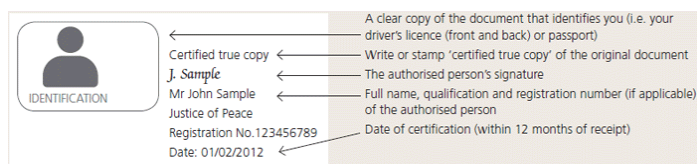
Some of the people who can certify copies of originals as true copies in Australia are:

- a medical practitioner • an optometrist
- a nurse • a veterinary surgeon
- an optometrist • an accountant (member of CA, CPA or IPA)
- a psychologist • a police officer
- a pharmacist • a legal practitioner
- a chiropractor • a Justice of the Peace
- a dentist • a judge or magistrate
- a physiotherapist
- a chief executive officer of a Commonwealth court
- a teacher employed on a full-time basis at a school or tertiary institution
- an employee with two or more years' continuous service with an office supplying postal services to the public
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees

The person authorised to sight and certify documents must:

- Sight the original and the copy and make sure they are identical; and
- Write or stamp 'certified true copy' on all copied pages followed by their signature, printed name, qualification (e.g. Justice of the Peace), registration number (if applicable) and date.

For example:



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 green ID validation provider, including confirming your document is valid with the original document issuer.

You must provide at least 2 of the following. Please provide all 3 of the following if possible (if you are unable to provide this information you will need to provide certified ID as per option 1):

Australian Passport

(Please complete the details exactly as they appear on your passport)

Passport number

First and middle names (if applicable)

Last Name

Date of Birth

Medicare Card

(Please complete the details exactly as they appear on your card)

Card number

Reference number

First and middle names (if applicable)

Last Name

Date of Birth

Card Expiry date

Australian Drivers Licence

(Please complete the details exactly as they appear on your card)

Licence number

Card Number

First and middle names (if applicable)

Last Name

Date of Birth

State of Issue

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. Please specify your account details below:

Account Name

Name of Financial Institution

BSB

Account Number

* We can only make payments into an Australian bank, credit union or building society account that's in your name or held jointly in your name with another person.

Section 5 Declaration and Signature

By completing this form, I declare that:

- The information I have given on this form, the attached medical report and any accompanying information is true and correct.
- I have made an informed decision because I have read and understood the Future Super PDS, Additional Information Booklet and Insurance Guide.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment.
- 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.
- I accept that I am bound by the provisions of the trust deed and rules which govern the operation of Future Super.
- I have read and understood the Privacy Statement and understand how Future Super will use my personal information.

x

.....
Signature

...../...../.....
Date

PRIVACY STATEMENT: By signing this form you consent to Future Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.futuresuper.com.au or phone **1300 352 734**.

Processing Checklist

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

- | | |
|--|---|
| <input type="checkbox"/> Form completed and signed | <input type="checkbox"/> Medical reports completed by two independent registered medical practitioners* |
| <input type="checkbox"/> Statutory declaration | |
| <input type="checkbox"/> Verification of ID | |

*Please note that at least one of the registered medical practitioners on this form must a specialist registered as practising in an area related to the illness or injury suffered by the person.

MEDICAL REPORT FOR CONFIRMATION OF TERMINAL ILLNESS

This form must be completed by a registered medical practitioner.

Member Name		Member Number	
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This member has applied for the early release of their superannuation benefit on the grounds of Terminal Illness. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

The member is responsible for any costs associated with obtaining this report.

Are you the member's usual medical practitioner?

Yes

No

What is the nature of the member's current diagnosis?

The definition of Terminal Illness requires the Trustee to be reasonably satisfied that the member is suffering from an illness, or has incurred an injury, that is likely to result in death within 24 months of signing this Terminal Illness Medical Statement and is considered to be terminally ill.

In your opinion, does the member meet the above definition?

Yes

No

Please cross (x) here if you are a specialist practising in the area related to the illness or injury suffered. Please note that at least one of the registered medical practitioners on this form must a specialist registered as practising in an area related to the illness or injury suffered by the person.

Other Comments:

I, the undersigned, understand that the abovementioned, being a member of Future Super, has made claim on the Fund for payment of his / her benefit on the grounds of terminal illness.

.....
Full name of medical practitioner

.....
Address

.....
Phone number

.....
Signature of medical practitioner

...../...../.....

Date

MEDICAL REPORT FOR CONFIRMATION OF TERMINAL ILLNESS

This form must be completed by a registered medical practitioner.

Member
Name

Member
Number

This member has applied for the early release of their superannuation benefit on the grounds of Terminal Illness. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

The member is responsible for any costs associated with obtaining this report.

Are you the member's usual medical practitioner?

Yes

No

What is the nature of the member's current diagnosis?

The definition of Terminal Illness requires the Trustee to be reasonably satisfied that the member is suffering from an illness, or has incurred an injury, that is likely to result in death within 24 months of signing this Terminal Illness Medical Statement and is considered to be terminally ill.

In your opinion, does the member meet the above definition?

Yes

No

Please cross (x) here if you are a specialist practising in the area related to the illness or injury suffered. Please note that at least one of the registered medical practitioners on this form must be a specialist registered as practising in an area related to the illness or injury suffered by the person.

Other Comments:

I, the undersigned, understand that the abovementioned, being a member of Future Super, has made claim on the Fund for payment of his / her benefit on the grounds of terminal illness.

.....
Full name of medical practitioner

.....
Address

.....
Phone number

.....
Signature of medical practitioner

...../...../.....
Date

EARLY RELEASE OF BENEFIT DUE TO TERMINAL ILLNESS 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 Terminal Illness Form – Part I' annexed to this Statutory Declaration is true and correct.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended and subject to the penaltiesⁱ 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)

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

X.....
.....
(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 imprisonment for 4 years.