

Please complete in capital letters and in **BLACK INK** only

This certificate may be used to establish whether the person named in the certificate is eligible for the treatment of a superannuation benefit as an invalidity benefit for the purposes of the Income Tax Assessment Act.

1. Member details

Title	<input type="text"/>	(e.g. Mr/Mrs/Ms/Miss/Dr)
Family name	<input type="text"/>	
Given name(s)	<input type="text"/>	
Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>

2. Medical practitioner declaration

I certify that the above-named is suffering from a medical condition which, in my opinion is likely to result in that person being unable ever to be employed in a capacity for which the person is reasonably qualified by education, training or experience.

I also certify that in my opinion, the person has suffered from that condition for a period of days

Name of medical practitioner (please print)	<input type="text"/>
Qualification (please print)	<input type="text"/>
Signed	<input type="text"/> Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>

Where to send this form/enquiries

FuturePlus Super GPO Box 2617 Sydney, NSW 2001 website: www.futureplussuper.com.au	Phone: 1800 067 059 (toll free) (8.30 am – 5.00 pm Mon – Fri) Fax (02) 9279 4131
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