



# application for payment

## INVALIDITY

### WHERE TO SEND THIS FORM:

Australian Public Superannuation Fund  
PO Box 180  
Grosvenor Place NSW 1219

Phone 1800 067 059  
(8:30am - 5:00pm Mon - Fri)  
Fax (02) 9279 4131

### TO BE COMPLETED BY THE MEMBER

**1**

### YOUR DETAILS:

TITLE <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Dr		
Given names		Surname
Street / PO Box No		
Suburb / Town / City	State	Postcode
Home phone number		Business / Mobile
E-mail address		Date of birth / /
Name of former employer		Date last actively worked / /
Address of former employer		Phone No. of former employer
Tax File No*		Member No

\* Please refer to 'tax file number' in Important Notes for Members on page 2

**2**

### PAYMENT INSTRUCTIONS:

Please place an 'X' in the appropriate circle below:

I wish the payment to be made by cheque to me at the address I have advised in Part 1.

I wish the payment to be made directly into my bank, building society or credit union account, as advised below:

Name of bank/building society/credit union	Name in which the account is held
<input type="text"/>	<input type="text"/>
Account number	Branch (BSB) number
<input type="text"/>	<input type="text"/>

### **3 YOUR SIGNATURE:**

I certify that the information provided in this form is correct.		
Name	<input type="text"/>	
Signature	<input type="text"/>	Date      /      /

### **IMPORTANT NOTES FOR MEMBERS**

#### **INCAPACITY**

The Trustee may approve payment of your total account balance if satisfied that you are permanently incapacitated. In order to apply, you will need to have two (2) registered medical practitioners complete the attached incapacity certificates and submit them with your application.

#### **TAX FILE NUMBER (TFN)**

Providing your (TFN) is not compulsory. However, if you do not, your benefit might be subject to tax at the top marginal rate (plus Medicare Levy). If you do provide your TFN, you are authorising us to quote that number to the Australian Tax Office when reporting details of your benefit payment.

#### **PROTECTING YOUR PRIVACY**

Please refer to the attached Privacy Statement (page 5)



# incapacity certificate

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
- Payment of a superannuation benefit that is otherwise subject to compulsory preservation in accordance with the standards prescribed under the Commonwealth's Superannuation Industry (Supervision ) Act.

## 1 YOUR DETAILS:

Given names	Surname
Date of birth / /	Member No

## 2 TO BE COMPLETED BY MEDICAL PRACTITIONER No 1

Name of Medical Practitioner	
Address	Phone No
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	<input type="text"/>
Signed	Date / /



# incapacity certificate

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
- Payment of a superannuation benefit that is otherwise subject to compulsory preservation in accordance with the standards prescribed under the Commonwealth's Superannuation Industry (Supervision ) Act.

## 1 YOUR DETAILS:

Given names	Surname
Date of birth / /	Member No

## 2 TO BE COMPLETED BY MEDICAL PRACTITIONER No 2

Name of Medical Practitioner	
Address	Phone No
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	<input type="text"/>
Signed	Date / /

## PRIVACY STATEMENT

The Trustee is required to comply with the National Privacy Principles (NPPs) established under the Commonwealth's *Privacy Amendment (Private Sector) Act 2000*. These Principles set out in detail the measures that must be taken to safeguard against the misuse of personal information held by organisations.

Personal information held in respect of members applying for payment of a benefit include details such as name, date of birth, employment details such as employer's name and commencement date together with a record of transactions (eg contributions made) and details of benefit entitlements. The additional information provided in claiming payment may include bank or credit account details and Tax File Numbers.

This information is needed in order to process your application. Processing of your claim may also require the Trustee to provide to or receive from its agents or service providers or your employer personal information in connection with your claim.

Members have access to the personal information that is held in relation to them personally, with certain exceptions authorised or required by law. Application for release of that information should be made to Member Services. Depending on circumstances, a fee may be payable for providing that information.

Full details of the measures taken by the Trustee to protect your privacy are set out in the Trustee's Privacy Policy, a copy of which can be obtained from Member Services or on the website at [www.eisuper.com.au](http://www.eisuper.com.au). If you are not satisfied that adequate precautions are being taken to protect your personal information, you may make a formal complaint. This must be in writing and addressed to:

Complaints Resolution Officer  
Superannuation Services Company  
Level 12, 28 Margaret Street  
SYDNEY NSW 2000

The Complaints Resolution Officer will investigate your complaint and provide a full response to your complaint as quickly as possible. If you are not satisfied with that response you may then refer your complaint to the Commonwealth Privacy Commissioner. The Commissioner's office can be contacted by phone on 1300 363 992 or by writing to:

The Privacy Commissioner  
GPO Box 5218  
Sydney NSW 1042