



Defined Benefit account disability claim



What do I use this form for?

You should complete this form if you have a Defined Benefit account and your claim for disability insurance benefits has been approved. Please complete in dark blue or black ink.

PLEASE NOTE:

QSuper aims to process your claim within seven working days from when this form is received, as long as all required information has been provided. Your claim cannot be processed until the attached employer certification has been completed by your employer.

IMPORTANT NOTICE:

If you are seeking a partial lump sum payment, or partial cash payment and part rollover, QSuper will withdraw your money proportionately from both tax components held in your accounts.

PART A QSUPER ACCOUNT DETAILS

If you know your QSuper account number, please enter it in the box below.

Account number:

HELPING HAND

You can find your account number on your benefit statement.

PART B PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr

Surname:

Given names:

Postal address:

State: Postcode:

Residential address: Same as above Different (please provide below)

State: Postcode:

Previous name¹:

Date of birth: / / (dd/mm/yyyy)

Phone number (home):

(work):

Email address:

Date employment ended: / / (dd/mm/yyyy)

¹If your name has changed since you last had contact with QSuper, please contact us for information on the additional documents you will need to provide.

IMPORTANT:

Please read the notes on page 4 before providing your TFN.

Tax file number (TFN)

If you have previously given your TFN to QSuper, you do not need to supply it again.

TFN:

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PART C WITHDRAWAL OPTIONS

OPTION 1

OPTION 1—Transfer to a QSuper Accumulation account

QSuper Accumulation account

One of the options available to you is to retain money in a QSuper Accumulation account. Working like a rollover fund, your benefit grows in a concessional taxed environment. You can make withdrawals from this account of non-preserved monies (with a minimum withdrawal of \$2,000). There are no entry or exit fees, just one low management fee.

For more information you should read the product disclosure statement for Accumulation account members. You can download a copy from our website or call us and we'll send you one.

\$ or %

Please note:

These instructions will apply to all money withdrawn using option 1. This includes your defined benefit plus any accumulation monies, such as voluntary contributions, you may have paid to this account.

I request the QSuper Board of Trustees invest the total amount, including all voluntary contributions, in the following option/s:

	(Amount)	or	(Percentage)	
Balanced	\$ <input type="text"/>	or	<input type="text"/> %	If you do not nominate an investment preference, your money will be invested in the Balanced option.
Cash Plus	\$ <input type="text"/>	or	<input type="text"/> %	
Socially Responsible	\$ <input type="text"/>	or	<input type="text"/> %	
Basic Growth	\$ <input type="text"/>	or	<input type="text"/> %	
High Growth	\$ <input type="text"/>	or	<input type="text"/> %	
Cash	\$ <input type="text"/>	or	<input type="text"/> %	
Fixed Interest	\$ <input type="text"/>	or	<input type="text"/> %	
Australian Shares	\$ <input type="text"/>	or	<input type="text"/> %	
International Shares	\$ <input type="text"/>	or	<input type="text"/> %	
Total			100 %	

OPTION 2

OPTION 2—Pay benefit as a pension payable for life

(Only applicable for eligible members).

Please provide your financial institution account details below.

OPTION 3

OPTION 3—Pay directly into a personal account

\$ gross (before tax) or \$ net (after tax) or %

Please provide your financial institution account details below.

NOTES OPTIONS 2 & 3

ACCOUNT DETAILS (PLEASE PROVIDE IF YOU SELECTED OPTION 2 OR 3)

You need to provide your financial institution account details.

Neither QSuper nor your financial institution can accept responsibility for any delay or loss of interest caused by incorrect account details on this form.

Payment must be made to your personal account, not a business or loan account.

Please note that tax may be deducted from your payment. For more information, contact QSuper on 1300 360 750.

To ensure the security of your benefits, QSuper requires a copy of the part of your statement or passbook that contains your full name, address, and your financial institution account details. **This needs to be received before payment can be made into your financial institution account.**

Name of financial institution:

Account name:

Account number:

Branch name:

Branch (BSB) number: (available from your financial institution)

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PART C WITHDRAWAL OPTIONS (continued)

OPTION 4

OPTION 4—Open a QSuper Allocated Pension account

QSuper Allocated Pension account

This is available to QSuper members who want to deposit at least \$30,000 of a QSuper cash benefit and receive an income stream. QSuper's Allocated Pension account has no entry or exit fees, just one low management fee.

\$ or %

To open an account, you need to complete an *Allocated Pension account membership application* form in the product disclosure statement for Allocated Pension accounts. You can download this from our website, or call us and we'll send you one. You will also need to attach a completed *Tax file number declaration*, which is available from the Australian Taxation Office or QSuper.

OPTION 5

OPTION 5—Roll over to another complying superannuation fund or rollover fund

Roll over to another complying superannuation fund

If you have withdrawn money as cash, it cannot be rolled over to another superannuation fund account.

In order for QSuper to transfer money to another complying superannuation fund, the QSuper Board of Trustees must be reasonably satisfied the nominated super fund complies with the *Superannuation Industry (Supervision) Act 1993* and *Regulations*.

QSuper does not charge any fee to roll over your benefit. You can also contact QSuper concerning the effect your rollover may have on any current benefit you have with QSuper.

Please complete the details of the other fund below or attach separate instructions.

Name of other fund:

Address of other fund:

State: Postcode:

Superannuation fund number (SFN) or Australian business number (ABN):

Superannuation product identification number (SPIN):

or

Policy/member number:

If your other superannuation fund is *not* a self-managed superannuation fund, please provide either the fund's superannuation product identification number (SPIN) or your policy/member number for that fund.

SPIN or policy/member number:

If your other superannuation fund is a self-managed superannuation fund, you must provide a copy of the letter of compliance that was issued by the Australian Taxation Office (ATO) when the fund was first created. This letter is titled *Acknowledgement of regulation as a superannuation fund*.

I have provided a copy of the ATO letter displaying the Australian business number (ABN) and name of the fund.

PLEASE NOTE:

You are required to provide details of the SFN or ABN of the fund you are rolling into and their SPIN, or your account number with that fund. If this information is not supplied or other details are not fully completed, your rollover cannot be processed. You can obtain these details from the fund you are rolling your benefit to.

If you are taking care of the member's affairs due to a power of attorney or an enduring power of attorney, you need to supply this office with an original or a copy of this document, certified as a true and complete copy of the original under the *Powers of Attorney Act 1998*. This certification can be done by a justice of the peace, commissioner for declarations, lawyer, or notary public. The original document will be returned to you once the payment has been finalised.

PART D FEEDBACK

If you are rolling over funds from QSuper to another complying super fund, we would appreciate some feedback from you so we can improve our services.

Reason for withdrawal:

- My new employer is unable to contribute to QSuper.
- I am transferring to my own self-managed super fund.
- I want to consolidate my super into one fund.
- I want to invest outside super.
- I received a recommendation from my financial adviser (please specify organisation).

- QSuper's investment options don't meet my needs.
- I believe I can get higher investment returns elsewhere.
- I believe I can get lower fees elsewhere.
- Other (please specify).

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PLEASE NOTE:

The QSuper Board is committed to complying with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. In line with QSuper's anti-money laundering and counter-terrorism program, we require identification details with any claim you initiate on your QSuper account or as part of a claim as a beneficiary of a QSuper member's account. If you are acting on behalf of a QSuper member (e.g. under a power of attorney), both you and the QSuper member must supply identification as described in this section of the form. A certified copy of the power of attorney is also required.

PART E IDENTIFICATION REQUIREMENTS

For your claim to be paid, you must provide a **certified copy** of one of the following current documents, which contains your name, photograph, and either date of birth or residential address.

Please indicate which document you have attached:

- a driver's licence
- an Australian passport (or one which has expired within the last two years)
- a Proof of Age Card issued under an Australian State or Territory
- a foreign passport or similar travel document containing both a photograph and your signature (any documents written in a foreign language must be accompanied by an English translation prepared by an accredited translator).

If you are unable to provide any of the above documents, please contact the QSuper Contact Centre on 1300 360 750 for information on other documents you may provide to verify your identity.

Please see page 5 for certification procedures and a list of approved certifiers.

PART F DECLARATION AND AUTHORISATION

- I declare I [am the person named on this form, or have a power of attorney to act on the member's behalf (cross out whichever is not applicable).
- I request payment to be made in the manner indicated on this form.
- I declare the information given on this form is true and correct.
- I authorise QSuper to release details of my/the member's TFN to the Australian Taxation Office.
- I understand tax may be deducted from this payment.
- I understand that should a surcharge debt apply, and I request a withdrawal be made from QSuper, the surcharge debt may be deducted prior to the payment of the withdrawal.
- I have supplied the necessary documentation to comply with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*, as outlined above in Part E.

X SIGN HERE

(Date – dd/mm/yyyy)

/ /

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CERTIFICATION PROCEDURE

- Take the original and a copy of your selected documents to an acceptable certifier (see list to the right) who will verify that the original documents have been sighted.
- Ensure that the certifier signs the original and signs the copy, confirming it is a true copy of the original. The certifier must also include their name, the date of certification, and their certifying designation from the list of acceptable certifiers.
- Post this form and the certified copy of your identification to QSuper. We cannot accept facsimiles or copies of the certified documents. Please do not send us your original documents.

WHO TO SEE	CONDITIONS AND DEFINITIONS
Australia Post	An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public; or a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
Banking and other financial institutions	An officer with two or more continuous years of service with one or more financial institutions or a finance company officer with two or more continuous years of service with one or more financial companies.
Justice of the peace or notary public	An individual appointed by the courts whose duties include certifying documents.
Legal professionals/ law enforcement	A person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner. Other professionals include a judge of a court, a magistrate, a chief executive officer of a Commonwealth court, a registrar or a deputy registrar of a court, or a police officer.
Accountants	A member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years of continuous membership.
Consular or Diplomatic Officer	An Australian Consular Officer or an Australian Diplomatic Officer.

IMPORTANT NOTICE:

Providing your tax file number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s
- the tax on contributions to your superannuation account/s will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits, 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.

HOW LONG WILL IT TAKE FOR MY CLAIM TO BE PROCESSED?

QSuper can generally process your claim within seven working days of receiving this form along with any necessary additional documents, provided you have stopped working for the Queensland Government.

Please complete the checklist on page 6 to make sure you have completed all required sections of the form and attached any necessary additional documents.

Once QSuper has processed your claim, please allow one to two days for your bank or credit union to put your money in your account.

QSuper to process your claim (seven working days)



Bank or credit union to put money in your account (one to two working days)

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MAKING SURE YOUR CLAIM IS PAID

▶ QSuper wants to make sure you get your claim processed as quickly and easily as possible. To help us do this, please take a few moments to review the following checklist. It will help ensure you complete this form correctly and remind you to attach any necessary documents before sending this form to us:

- Did you provide all your relevant details in part B (page 1)?
- Did you provide your TFN (if needed)?
- Have you selected what kind of withdrawal you want to make in part C (page 2)?
- If you selected option 1 in part C (page 2), have you chosen the investment option/s you want your money to be invested in?
- If you selected option 2 or option 3 in part C (page 2), have you provided a copy of the part of your financial institution statement or passbook that shows your full name and account details?
- If you selected option 4 in part C (page 3), have you also obtained and completed the *QSuper Allocated Pension account membership application form* and *Tax File number declaration*?
- If you selected option 5 in part C (page 3), have you provided full details of the rollover fund, including the Australian business number (ABN)?
- Have you signed the declaration and authorisation in part F (page 4)?
- Have you had your *Employer certification* completed by your employer and provided a copy with this claim form?



REMINDER

Please attach additional documentation if necessary.



Employer certification

Please ensure your employer completes the attached certification.

Your payment cannot be made without this completed form.

Contacting QSuper

Contact Centres

70 Eagle Street Brisbane
 63 George Street Brisbane
1300 360 750 (+617 3239 1004 if overseas)
 Monday to Thursday 8.30am to 5.00pm
 Friday 9.00am to 5.00pm

GPO Box 200 Brisbane Qld 4001
 Fax 07 3239 1003

qsuper.qld.gov.au

ABN: 60 905 115 063
 SFN: 2610 419 41

This information is not personal advice and has been prepared for general information purposes only, from sources believed to be reliable and accurate. It does not, therefore, take into account your personal objectives, financial situation, or needs. There is no cooling-off period. Before acting or relying on this information, consider its appropriateness, obtain and read the relevant product disclosure statement, and consider whether you need to seek personal financial advice. The privacy of your personal information is important to us. We are collecting this information to administer your superannuation account. If you would like further information about our privacy policy, you can download QSuper's *Your privacy* fact sheet from our website. Alternatively, call us and we will send you a copy.



Employer certification



What do I use this form for?

This form is used by employers to advise QSuper of termination date, salary, and final contribution details for employees who have had a disability claim approved.

It is the responsibility of the member to have this *Employer certification* completed by their pay office. Payments cannot be made without this completed form.

Please complete this form in dark blue or black ink.

NOTE:

Ordinary time earnings (OTE)

Final employer voluntary contribution or adjustment includes the employer OTE top-up amount.

PERSONAL DETAILS

Employee's payroll number:

Title: Mr Mrs Miss Ms Dr

Surname:

Given names:

Date of birth: / / (dd/mm/yyyy)

The salary details are required to confirm salaries previously reported to QSuper, if employee is part-time, please provide full-time equivalent salaries.

Employee's salary (QSuper definition) for superannuation purposes at 1 July for last two years:

1 July Fortnightly salary \$

1 July Fortnightly salary \$

Ordinary time earnings (OTE) salary applies to core government agencies/departments from 1 July 2006, and non-core employers from 1 July 2008.

OTE fortnightly salary as at **termination date**: \$

Details of final contributions or adjustment:

Pay period during which **final** contribution or adjustment was, or will be, made.

(Pay cycle ending): / / (dd/mm/yyyy)

Final employee standard contribution or adjustment \$ -/+

Final employee voluntary contribution or adjustment \$ -/+

Final employer voluntary contribution or adjustment \$ -/+

(Refer to note)

The terms contribution and adjustment relate to any final employee and employer contribution amounts being reported for this employee and include both positive and negative amounts. Please use the box provided to indicate whether a recall has or will be made in respect of this employee, as benefits will be calculated using these amounts.

Details of leave without pay in the last two years, for periods in excess of ten working days:

Date of termination: / / (dd/mm/yyyy)

Type of termination:

EMPLOYER DETAILS

Pay office code:

Phone number:

Stamp:

Name of authorised officer:

X

SIGN HERE

/ / (dd/mm/yyyy)

Contacting QSuper

Contact Centres

70 Eagle Street Brisbane

63 George Street Brisbane

1300 360 750 (+617 3239 1004 if overseas)

Monday to Thursday 8.30am to 5.00pm

Friday 9.00am to 5.00pm

GPO Box 200 Brisbane Qld 4001

Fax 07 3239 1003

qsuper.qld.gov.au

ABN: 60 905 115 063

SFN: 2610 419 41

The privacy of your personal information is important to us. We are collecting this information to administer your superannuation account. If you would like further information about our privacy policy, you can download QSuper's *Your privacy* fact sheet from our website. Alternatively, call us and we will send you a copy.