

How to Make a Claim: Early Release of Super Due to Permanent Incapacity

Am I eligible?

Permanent Incapacity means you're suffering ill-health (whether physical or mental) and the Trustee of Australian Retirement Trust is reasonably satisfied that, because of the ill-health, it's unlikely you'll ever be able to work again in a job for which you're reasonably qualified for, by education, training or experience.

To be eligible for early release of super due to Permanent Incapacity you need to be able to provide proof for the Trustee of Australian Retirement Trust to be reasonably satisfied that you meet the criteria.

As a minimum, you'll need to provide two Medical Practitioner questionnaires completed by two different legally qualified medical practitioners. You may be requested to provide additional information before a decision is made about your claim.

How much can I claim?

If you're eligible, you'll be able to claim your entire account balance, choose to make partial withdrawals at any time, or start an Income account (other eligibility conditions may apply).

If you have insurance cover with your QSuper Accumulation account:

If you wish to maintain your insurance cover, you'll need to ensure there is enough money remaining in your account to pay for any future insurance premiums and you will need to make at least one eligible contribution every 13 months or advise us in writing that you wish to retain your insurance cover. You can permanently opt in through Member Online, or by completing a Change of Insurance form from qsuper.qld.gov.au/forms

You may be able to claim an insurance benefit. You can check your Annual Statement, go to Member Online or contact us for more details or to make a claim. Refer to the Permanent Disability Benefit Guide at qsuper.qld.gov.au/guides for more information.

What documents do I need?

You'll need to gather these documents to support your claim. For more details on these document requirements please read the attached Early Release of Super Due to Permanent Incapacity form.

- Your current resume to show your work experience, or complete section 2C (page 4) in full.
- Identity documents - refer to our Proof of Identity factsheet at qsuper.qld.gov.au/factsheets
- Two Medical Practitioner questionnaires (included in this pack) to be completed by two different medical practitioners.
- If requesting a transfer into a self-managed superannuation fund - see page 6 for more information.
- Any other relevant medical documents on your condition such as doctor's reports and test results.

How do I apply?

Prepare your application and send it to us: Make sure you complete all of the forms attached and gather all of your required documents. Completing all the forms correctly will save time and help us assess your claim.

Assessing your claim: We'll check your application is complete and contact you if we need further details. A dedicated claims manager will contact you within 5 business days of your application.

Payment of your claim: If your claim is accepted, payment will be made to you by the method you indicate on the application form. You'll also receive a Claims Letter or an Exit Statement and a PAYG Payment Summary - Superannuation Lump Sum form confirming payments made to you.

Refer to our Proof of Identity factsheet at qsuper.qld.gov.au/factsheets for instructions on how to prove your identity using your identity documents.

Where to send the completed form

Once you have completed this form and attached any necessary documents, please return to us immediately by:

Email

insuranceclaims@art.com.au

Post

QSuper Insurance Operations
GPO Box 200
Brisbane QLD 4001

Fax

07 3239 1139



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Early Release of Super Due to Permanent Incapacity

Important: Please read the QSuper Product Disclosure Statement for Accumulation Account (PDS) and QSuper Insurance Guide, available at qsuper.qld.gov.au/pds for insurance details.

Please make sure you have answered all questions. If all questions are not answered, your application may be delayed as the form may be returned. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated.

1 Personal Details

Client number

You can find your client number on your annual statement or by logging in to Member Online.

Title

First names

Last name

Previous name¹ (if we know you by another name)

Date of birth (dd/mm/yyyy)

Home phone number

Mobile phone number

Daytime contact number

Email address

(Personal email address so we can contact you)

Residential address

State

Postcode

Postal address

☐

As above

State

Postcode

Proof of Permanent Incapacity

The Trustee can only assess your Permanent Incapacity claim based on the information you provide. Please read this information page before completing the Early Release of Super Due to Permanent Incapacity form.

We've included two Medical Practitioners questionnaires at the end of this form. You'll need to have these completed by two different legally qualified medical practitioners, confirming that you're permanently incapacitated. They'll need to confirm that in their opinion, because of your ill-health, it's unlikely you'll ever be able to work again in a job for which you're reasonably qualified for, by education, training or experience. Any charges relating to the completion of these Medical Practitioners questionnaires will be your responsibility.

2 Personal Questions

2A. Please state the date you last worked. (dd/mm/yyyy)

2B. Please state the nature of the disablement which has caused you to cease work and how it's prevented you from working. (If there's insufficient space to answer, please attach a separate sheet).



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2C. Please list all occupations and all duties you have had during your working life, (e.g. Cleaner – cleaning offices). If you had several employers but always the same occupation, list once and advise the total period in that type of occupation. If you are providing a copy of your current resume, you do not need to complete this section.

Employer	Occupation/type of work	Employed from	Employed to

2D. What level of education do you have (i.e. secondary, tertiary, etc.)?

2E. Please list any other licences, courses, skills, training or trade apprenticeship qualifications you've obtained during your working life, (e.g. nurse, boilermaker, forklift driver, computer courses, etc.)?

3 Your withdrawal amount

☐ I want to withdraw (net)¹

OR

☐ I want to withdraw all of my benefit. I understand this means my account will be closed and any insurance cover cancelled.

If you intend to claim a tax deduction for your personal super contributions made to your QSuper account, please note that a request submitted after your contributions are withdrawn will not be valid. It is important to check that any notice of intent has been provided to us and we have provided acknowledgement of the notice before the withdrawal occurs.

For more information on claiming a tax deduction, including eligibility and how to claim, please refer to our Notice of Intent to Claim or Vary a Deduction for Personal Super Contributions form and factsheet, available at qsuper.qld.gov.au/forms or call us on **1300 360 750** to discuss your options.

¹ Your lump sum super withdrawal will be tax-free if you are age 60 or over. If you are under age 60, tax may apply. Please refer to the Tax Explanation fact sheet for more information.

4 Withdrawing from your investments

If you are not withdrawing all your super, you need to tell us how we should withdraw money from your investment options. If you do not specify a preference, we will withdraw money proportionally from all your investment options.

Investment option	Withdrawal percentage
Our lifecycle option	
Lifetime	<input type="text"/> %
Diversified options	
High Growth	<input type="text"/> %
Balanced	<input type="text"/> %
Conservative-Balanced	<input type="text"/> %
Conservative	<input type="text"/> %
Balanced Risk-Adjusted	<input type="text"/> %
Socially Conscious Balanced	<input type="text"/> %
High Growth Index	<input type="text"/> %
Balanced Index	<input type="text"/> %
VPP (closed)	<input type="text"/> %
Asset class options	
Australian Shares Index	<input type="text"/> %
International Shares Hedged Index	<input type="text"/> %
International Shares Unhedged Index	<input type="text"/> %
Listed Property Index	<input type="text"/> %
Unlisted Assets	<input type="text"/> %
Bonds Index	<input type="text"/> %
Cash	<input type="text"/> %
Total	<input type="text"/> %

(Percentages must add up to 100%)

5 Method of payment

Where would you like your money paid to? You can elect to receive the whole amount through one single payment, or split the withdrawal across the different methods of payment. Please indicate the method of payment and what amount you'd like to receive through each. If you'd like to receive the whole amount in the one payment please write "total" in the corresponding box.

☐ **Cash – Deposit into my bank account**

Please complete the Payment details (section 6) below.

☐ **Kept in fund**

Your funds will remain in your QSuper account.

☐ **Transfer to another super fund**

Please complete the Fund to transfer your money to (Section 7) on page 6.

☐ **Transfer to an Income Account**

(Please refer to art.com.au/pds to view the QSuper Income Account and Lifetime Pension PDS).

6 Payment details: How would you like us to pay you?

If your payment is approved we will pay directly into your Australian bank or credit union account. Please complete the sections below for the account you would like us to pay to.

Please ensure the Australian bank, building society or credit union account details provided are accurate and written clearly. We may not be able to recover funds paid to an incorrect account where incorrect details are provided below.

We can only deposit amounts into an account held in your name or jointly in your name or to your solicitor's trust account.

Bank name

Branch (BSB) number

Account number

Account name (e.g. John & Jane Citizen)

Money cannot be paid into a credit card account, or an overseas account. We will take care to ensure your money is paid in accordance with the details you have provided. However, we accept no responsibility for any loss which occurs as a result of incorrect account details you provide us.

7 Fund to transfer your money to

Please select the type of superannuation fund you're transferring to and provide us with the necessary account information.

☐ Transfer to an approved registered super fund

Fund name

Product name

Client/account number

Fund phone number

Fund USI/SPIN

Fund ABN

The fund **Unique Superannuation Identifier (USI)** can be found on the other fund's website and might be called a SPIN. **We may not be able to process your request without this.**

OR

☐ Transfer to a self-managed super fund (SMSF)

Self-managed super fund (SMSF) name

Australian business number (ABN)

Electronic service address (ESA)

Branch (BSB) number

Account number

Please attach to this form a **copy of a bank statement for the SMSF account** listed above, no older than 6 months.

To proceed with this request, the name of the bank account provided must match the details for your registered SMSF at the Australian Taxation Office (ATO).

Transferring to SMSF

We can't process your transfer to your SMSF if you have not provided an electronic service address (ESA) for your SMSF. For more information on this requirement, visit ato.gov.au/Super/Self-managed-super-funds/Setting-up/Get-an-electronic-service-address/

8 Proof of Identity

You can prove your identity by either:

Option 1 – Electronic identification (Preferred)

As part of the electronic verification process, we will submit your document details (for example, your driver's licence number) to third party credit reporting agencies (CRAs) and/or the Australian Government's Document Verification Service (DVS) for the purpose of confirming your identity. The DVS checks whether the information you provide matches the original records held by the relevant authorities. A CRA may check your information against the DVS and/or against records in your credit information file.

We will only use the information you provide to verify your identity and not for any other purpose. A CRA does not give us access to your credit related information, such as credit card and loan applications.

More information about the DVS is available on the Australian Government's IDMatch website at www.idmatch.gov.au. More information on how we electronically verify your identity and your rights is available in our Proof of identity factsheet available at qsuper.com.au/factsheets

☐ By checking this box, I confirm I am authorised to provide the personal details presented. I confirm I have read and understood the process for verifying my identity and my rights in the Proof of identity factsheet and consent to my information being verified electronically via submission to the DVS and/or a CRA.

You must provide either driver licence or Australian passport details if you are choosing electronic verification.

1. Driver licence

Full name exactly as it appears on my driver licence

Licence number

Card number (as shown on back of licence)

State of issue

Valid to (dd/mm/yyyy)

Some Australian States and Territories have mandatory driver's licence numbers and driver's licence card numbers. If that's the case for your area, you have to give us both so we can complete our checks.

2. Australian passport

My Australian passport number is

Passport expiry date

Full name including middle

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

OR

Option 2 – Document-based verification

- ☐ If you do not consent to us verifying your identity using the DVS or via a CRA, we may verify your identity in other ways but this may take longer.

Refer to our Proof of Identity factsheet at qsuper.qld.gov.au/factsheets for instructions on how to prove your identity using your identity documents.

9 Checklist

We'll process your application as soon as we can. However, it's important to make sure you give us all of the information and documents we need.

If you don't, your claim may be delayed until all requested documentation or information is received.

- ☐ **Have you completed all of the sections of this form?**
- ☐ **If you prefer not to be verified electronically**, have you referred to our Proof of Identity factsheet at qsuper.qld.gov.au/factsheets for instructions on how to prove your identity using your identity documents?
- ☐ **Have you attached two Medical Practitioners questionnaire forms?**
- ☐ **Have you completed section 2C of the form or attached your current resume?**
- ☐ **Have you signed and dated this form?**

10 Authorisation and declaration signed on behalf of the member

- I am the person named on this form or have a power of attorney to act on the member's behalf¹, or
- I'm signing on behalf of (or in addition to) a member under the age of 18 as their parent or guardian and have attached appropriate proof of parent or guardianship, such as a certificate of birth or adoption papers.
- To the best of my knowledge, the information I have provided on this form is true and correct.
- Where the full balance of my QSuper account is paid from Australian Retirement Trust, I understand that by doing this, my insurance cover (if any) will end.
- I approve the deduction of any applicable tax from the benefit paid. I am aware of taxes that may apply.
- I confirm my consent for Australian Retirement Trust or the Fund Insurer, or its representatives to use my personal and sensitive information (whether received by Australian Retirement Trust or the Fund Insurer, from me or a third party) to investigate, assess and manage my claim and to disclose that information to medical, or health professionals and institutions including:
 - a) other insurers (including workers' compensation insurers)
 - b) other superannuation funds
 - c) investigators
 - d) the ambulance service
 - e) the Fund Insurer's service providers
 - f) statutory bodies including law enforcement agencies
 - g) insurance or credit reference agencies
 - h) financial institutions, and
 - i) such other third parties as is necessary for that purpose; and I authorise any individual, organisation or entity within any of the above categories (a to i) and/or any
 - j) adviser/broker
 - k) Accountant
 - l) Institution
 - m) professional association/board
 - n) business entity
 - o) Company
 that holds my personal, health, and sensitive information to release that information to Australian Retirement Trust or the Fund Insurer on request, for the purpose of investigating, assessing and managing my claim; and
- I authorise any medical practitioner, medical provider, health professional, hospital, worker's compensation organisation, dentist or other person who has attended me, to release to Australian Retirement Trust or the Fund Insurer or its representatives all information with respect to any sickness/illness or injury, medical history, consultations, prescriptions, treatment, or medical tests and test results and copies, including hospital or medical records; and

- I authorise any previous and my current employer (if applicable) to provide Australian Retirement Trust or the Fund Insurer with details of my employment and pay history; and
- I agree that a copy of this authorisation shall be considered as effective and valid as the original.¹

Name

Signature

(Please sign in blue or black pen – We only accept digital signatures via DocuSign and Adobe Sign, with an audit trail.)

Date signed (dd/mm/yyyy)

Where to send this form

Please send your completed form to us by:

Email

insuranceclaims@art.com.au

Post

QSuper Insurance Operations
GPO Box 200
Brisbane QLD 4001

Fax

07 3239 1139

We will do our best to process your request within 7 working days of receiving your form and all of the required information. This might take us longer during busy periods.

¹ If you are acting on behalf of an applicant under a power of attorney, and have not previously supplied a certified copy of the power of attorney, we require one to be supplied with this application along with certified copies of yours and the member's identification documents. If you have previously supplied these documents, we may require updated copies on request.

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations

Member Services team

Phone 1300 360 750
Overseas +61 7 3239 1004
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001
Email qsuper@qsuper.qld.gov.au
Fax 1300 242 070
Website qsuper.qld.gov.au

This is general information only. It's not based on your personal objectives, financial situation or needs. So think about those things and read the relevant Product Disclosure Statement and Target Market Determination at art.com.au/pds before you make any decision about our products. And if you're still not sure, talk with a financial adviser. This form and all products are issued by Australian Retirement Trust Pty Ltd ABN 88 010 720 840, AFSL 228975, trustee of Australian Retirement Trust ABN 60 905 115 063 ('the Fund' or 'ART'). We're careful with your personal information. Our privacy policy explains how we handle it. You can find it at art.com.au/privacy FF14. 04/25.

Permanent Incapacity claim Medical Practitioner questionnaire

To be completed by a legally qualified medical practitioner (General Practitioner)

Please read the below prior to completing this statement.

The patient has applied to QSuper part of Australian Retirement Trust for an early release of their superannuation benefit due to Permanent Incapacity. If you're of the opinion this person is permanently incapacitated in the terms of the questionnaire below, please complete the certification.

If there's a charge for completion of this statement, it is the responsibility of the patient.

Important: Refer to the QSuper Product Disclosure Statement for Accumulation Account (PDS) and QSuper Insurance Guide, available at qsuper.qld.gov.au/pds for insurance details.

Please make sure you've answered all questions. Use **BLOCK** letters and dark ink when completing this form and ensure it's signed and dated.

1 Personal Details

Client number

You can find your client number on your annual statement or by logging in to Member Online.

Title

First names

Last name

Previous name¹ (if we know you by another name)

Date of birth (dd/mm/yyyy)

Home phone number

Mobile phone number

Daytime phone number

Email address

Residential address

State

Postcode

Postal address

☐

As above

State

Postcode

2 For completion by a General Practitioner

1. What treatment has your patient had for their illness/injury?

2. What is your patient's current treatment for their illness/injury?

3. Are there other/alternative treatment options available to your patient?



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4. Has your patient reached Maximum Medical Improvement (MMI)?

5. Is your patient unlikely ever to be able to work again in a job for which they're reasonably qualified by education, training or experience?

6. What is your understanding of the patient's current occupation?

3 Declaration

I certify that

is diagnosed as suffering from

In my opinion, this patient suffers from ill-health (physical or mental) and is unlikely ever to be able to work again in a job for which the patient is reasonably qualified by education, training or experience.

Your name

Provider number

GP (please tick to confirm)

☐

Phone number

Email address

Practice/hospital name

Practice/hospital address

State

Postcode

Signature

Date signed (dd/mm/yyyy)

Where to send the completed form

Once you have completed this form and attached any necessary documents, please return to us immediately by:

Email

insuranceclaims@art.com.au

Post

QSuper Insurance Operations
GPO Box 200
Brisbane QLD 4001

Fax

07 3239 1139

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Member Services team

Phone 1300 360 750
Overseas +61 7 3239 1004
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001

Email qsuper@qsuper.qld.gov.au

Fax 1300 242 070

Website qsuper.qld.gov.au

Permanent Incapacity claim Medical Practitioner questionnaire (2nd Medical Practitioner)

To be completed by a legally qualified medical practitioner (General Practitioner)

Please read the below prior to completing this statement.

The patient has applied to QSuper part of Australian Retirement Trust for an early release of their superannuation benefit due to Permanent Incapacity. If you're of the opinion this person is permanently incapacitated in the terms of the questionnaire below, please complete the certification.

If there's a charge for completion of this statement, it is the responsibility of the patient.

Important: Refer to the QSuper Product Disclosure Statement for Accumulation Account (PDS) and QSuper Insurance Guide, available at qsuper.qld.gov.au/pds for insurance details.

Please make sure you've answered all questions. Use **BLOCK** letters and dark ink when completing this form and ensure it's signed and dated.

1 Personal Details

Client number

You can find your client number on your annual statement or by logging in to Member Online.

Title

First names

Last name

Previous name¹ (if we know you by another name)

Date of birth (dd/mm/yyyy)

Home phone number

Mobile phone number

Daytime phone number

Email address

Residential address

State

Postcode

Postal address

☐

As above

State

Postcode

2 For completion by a General Practitioner

1. What treatment has your patient had for their illness/injury?

2. What is your patient's current treatment for their illness/injury?

3. Are there other/alternative treatment options available to your patient?



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4. Has your patient reached Maximum Medical Improvement (MMI)?

5. Is your patient unlikely ever to be able to work again in a job for which they're reasonably qualified by education, training or experience?

6. What is your understanding of the patient's current occupation?

3 Declaration

I certify that

is diagnosed as suffering from

In my opinion, this patient suffers from ill-health (physical or mental) and, is unlikely ever to be able to work again in a job for which the patient is reasonably qualified by education, training or experience.

Your name

Provider number

GP (please tick to confirm)

☐

Phone number

Email address

Practice/hospital name

Practice/hospital address

State

Postcode

Signature

Date signed (dd/mm/yyyy)

Where to send the completed form

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