

Permanent disability or terminal illness benefit claim form



IMPORTANT!
This form should be completed in conjunction with reading the relevant *How to claim* fact sheet issued with your claim pack.

You can complete this form if you wish to apply for:

- a total and permanent disablement (TPD) insurance benefit
- a terminal illness insurance benefit
- the release of your account balance due to permanent incapacity or a terminal illness medical condition (if you do not have insurance cover).

You can also use this form to advise your payment instructions if your application has already been accepted.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online, print it and send it to us. Forms are located on our website at aware.com.au/forms.

If you have any questions, please call us on 1300 650 873.

If you would like to nominate a firm or company, or more than one person, you can do this on our *Third party authority* form, available on our website or call us for a copy.

If you want your representative to provide instructions on your behalf, you will need to formally give them *power of attorney*. We cannot assist in the appointment of attorneys and suggest that you contact a lawyer or the Public Trustee in your state or territory.

1. Your personal details

Member number	Account number	Date of birth (DD-MM-YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Last name		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Residential address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address (if different to residential address)			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime contact number	Mobile number		
<input type="text"/>	<input type="text"/>		
Tax file number (if not previously provided)			
<input type="text"/>			
Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as <code>employee_title@company.com.au</code>). This email will replace any current email address we hold for you.			
<input type="text"/>			

2. Authorised representative (if applicable)

I nominate the following person to act for me for the purpose of this claim/benefit request. I understand that the person cannot provide instructions on my behalf but can provide information to the fund and insurer, and obtain information about the claim/benefit request and my membership with Aware Super.

Details for representative (not member)

Title	Last name		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Relationship	Date of birth (DD-MM-YYYY)		
<input type="text"/>	<input type="text"/>		
Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature of representative (not member)		Date signed (DD-MM-YYYY)	
<input type="text"/>		<input type="text"/>	



i We'll provide you with the required forms for completion with your claim pack, which can be requested from us. Call us and ask for a copy. There are different claim forms for permanent disability, TPD and terminal illness claims.

i There are separate claim Fact Sheets for members of the Police Blue Ribbon Super and Ambulance Officers' Super insurance arrangements which are provided in your claim pack. These are also available online at aware.com.au/factsheets or you can call us for a copy. Please ensure you refer to the fact sheet that applies to your circumstances.

i **IMPORTANT!** If you **withdraw your full super account balance** on the basis of satisfying the 24-month certification period (and not the 12-month period), **your insurance will be cancelled.** You won't be able to make an insurance claim on the basis of terminal illness if you are later certified with a life expectancy of 12 months or less. You may consider maintaining enough super balance in your account for the payment of insurance premiums.

3. Why are you completing this form?

There are three reasons for completion of this form:

1. to apply for a permanent disability benefit, which can include both a TPD benefit (**insurance**) and a permanent incapacity benefit (**account balance**)
2. to apply for a terminal illness benefit (which can include both insurance and an account balance)
3. provide payment instructions for an existing accepted claim

3.1 Permanent disability

If you become permanently disabled, you may apply for:

- a TPD benefit, being **insurance** cover you **may** have with your super account at the time of your injury or when your illness happened (which is subject to approval by the insurer); and/or
- your super account balance (early release due to permanent incapacity)

Refer to the *How to claim a permanent disability benefit* fact sheet provided in your claim pack or download from our website at aware.com.au/factsheets or contact us on **1300 650 873** for a copy.

Checklist for permanent disability claims

<input type="checkbox"/> Permanent disability or terminal illness benefit claim form	Signed and completed sections 1, 2 (if applicable), 3.1, 4, 5, 6, 8 (if applicable) and 9
<input type="checkbox"/> Proof of identity	Refer to section 6 and the Notes of this form for further information
<input type="checkbox"/> Two x Medical reports	Completed by two medical practitioners (which must not be older than 12 months old when we receive them)
<input type="checkbox"/> Member statement (TPD benefit only)	Signed and completed by you
<input type="checkbox"/> Employer statement (TPD benefit only)	To be completed by your last employer
<input type="checkbox"/> Authority to release employer records (TPD benefit only)	Signed and completed by you, if you have insurance you wish to claim and would prefer for us to obtain the information from your employer on your behalf

Subject to claim approval, the following documents can be provided in advance

<input type="checkbox"/> Copy of financial institution statement	If you wish all or part of your benefit to be paid in cash or as a rollover/transfer to a self-managed super fund (SMSF)
<input type="checkbox"/> Aware Super retirement income stream member application form	Signed and completed if you elect to transfer all or part of your benefit to an Aware Super retirement income stream

There is no promise of a benefit, by providing your payment instructions in advance of your claim being assessed.

3.2 Terminal illness

If you have a terminal illness, you may apply for:

- any death/terminal illness **insurance** cover you **may** have with your super account at the time you are certified that your life expectancy is less than 12 months (which is subject to approval by the insurer); and/or
- your super account balance (early release due to a terminal medical condition), at the time you are certified that your life expectancy is less than 24 months.

Refer to the *How to claim a terminal illness benefit* fact sheet provided in your claim pack or download from our website at aware.com.au/factsheets or contact us on **1300 650 873** for a copy.

Checklist for terminal illness claims

<input type="checkbox"/> Permanent disability or terminal illness benefit claim form	Signed and completed sections 1, 2 (if applicable), 4.2, 5, 6, 8 (if applicable) and 9
<input type="checkbox"/> Proof of identity	Refer to section 6 and the Notes of this form for further information
<input type="checkbox"/> Two x Medical reports	Completed by your treating medical practitioner and your treating specialist
<input type="checkbox"/> Terminal illness claim form (insurance only)	Signed and completed by you

Subject to claim approval, the following documents can be provided in advance

<input type="checkbox"/> Copy of financial institution statement	If you wish for any of your benefit to be paid in cash
<input type="checkbox"/> Aware Super retirement income stream member application form	Signed and completed if you elect to transfer all or part of your benefit to an Aware Super retirement income stream

There is no promise of a benefit, by providing your payment instructions in advance of your claim being assessed.

3. Why are you completing this form? (continued)

3.3 Payment instructions for an existing accepted claim

If you've had your claim accepted and have not previously provided your payment instructions, or if you wish to change your previously provided payment instructions, you can do so using this form. Where you have more than one account with us, please use a separate form to provide payment instructions for each account.

Checklist for providing payment instructions

<input type="checkbox"/> Permanent disability or terminal illness benefit claim form	Signed and completed sections 1, 2 (if applicable), 4.2, 5, 6, 8 (if applicable) and 9
<input type="checkbox"/> Proof of identity (may not be applicable)	Refer to section 6 and the Notes of this form for further information
<input type="checkbox"/> Copy of financial institution statement	If you wish all or part of your benefit to be paid in cash or as a rollover/transfer to a self-managed super fund (SMSF)
<input type="checkbox"/> Aware Super income stream application form	Signed and completed if you elect to transfer all or part of your benefit to an Aware Super retirement income stream

4. Your employment details and final contribution details

4.1 Details of your last employment arrangement (permanent disability claims only)

Employer name

What was the date you were last physically able to carry out the normal duties of your occupation?

(DD-MM-YYYY)

What was the last day you were physically at work?

Has this employment arrangement terminated?

Yes No

If yes, what date did your employment terminate?



IMPORTANT!

If your final contribution is not received within 30 days of the date you sign this form, your benefit will be paid without the receipt of the contribution, and your account will be closed so that payment is not delayed.

4.2 Final contribution details (full payments only)

Only complete this section if your employer still has a final contribution payment to make for you (e.g. a compulsory Superannuation Guarantee (SG) contribution). You will need to contact your employer to find out when your last contribution payment is due. If there's a contribution outstanding, you can choose to:

- close your account and receive your payment without waiting for the final contribution payment OR
- wait for the final contribution to arrive then close your account.

If we receive a contribution after your account is closed, the contribution will be refunded to the employer.

- Close my account without waiting for any further contributions from my employer OR
- Wait for the final contribution from my employer and then pay my benefit and close my account, noting the details of the employer currently making contributions are as follows:

Date terminated employment (DD-MM-YYYY)

Expected date of contribution (DD-MM-YYYY)

Employer name (if different to any employer named in 4.1)

Employer contact name

Employer phone number

Email address of employer contact person



You have three payment options:

1. Cash all or part of your benefit
2. Roll over/transfer all or part of your benefit to another complying super fund
3. Transfer all or part of your benefit to an Aware Super retirement income stream

You can combine the options to meet your needs.

If you don't cash or transfer all of your benefit, you must leave at least \$1,500 in your account for it to remain open.

5. Your payment options

Option 1: Cash all or part of your benefit

Please mark **X** to indicate your choice:

- I would like to cash my **whole** benefit (my account balance plus any insurance component) closing my account; **OR**
- I would like to cash my whole benefit less \$1,500 to keep my account open; **OR**
- I would like to cash the following (gross) amount of my benefit: \$, (whole numbers only)

Cash payment details

Payment can only be made directly to an Australian bank, building society or credit union account. You can only nominate an account held in your name or held jointly in your name with another person(s). Payments cannot be made to offshore bank accounts or third-party bank accounts.

You must provide proof of identity if you are setting up or updating your bank account information.

Name(s) on account

BSB number

Account number

Name of financial institution



IMPORTANT!

Rolling over a terminal illness benefit may have tax consequences. Refer to your *How to claim a terminal illness benefit* fact sheet for further information.

We recommend you obtain financial advice when making decisions about your payment options.

Option 2: Roll over all or part of your benefit

Please mark **X** to indicate your choice:

- I wish to roll over my **whole** benefit (my account balance plus any insurance component) closing my account; **OR**
- I wish to roll over part of my benefit: \$, (whole numbers only)

Payment will be made to the rollover fund you nominate.

Are you rolling over to a self managed super fund (SMSF)?

- No – complete section 5.1 Yes – complete section 5.2

5.1 Roll over fund details

IMPORTANT: If you wish to roll over to more than one fund, you must complete a separate form for each fund. You must also ensure you provide your rollover fund's Unique Superannuation Identifier (USI) number.

Name of the fund you are rolling over to

Fund ABN

Unique Superannuation Identifier (USI)

Member number

Fund's phone number



You can't invest more than the transfer balance cap in a retirement income stream. For more information, go to the ATO website at ato.gov.au/transferbalancecap



IMPORTANT!

The SMSF details you provide **MUST** match the SMSF details registered with the government. If it doesn't match, this will delay your payment and may require additional documentation.

You can verify that your information is correct via the government's Super Fund Lookup website at www.superfundlookup.gov.au



IMPORTANT!

If you choose to only transfer a portion of your benefit, you must leave at least \$1,500 in your account for it to remain open.



If providing your driver's licence details in this step, your driver's licence number and driver's licence card number must be provided for Aware Super to complete Proof of Identification checks for those Australian States and Territories where the card number is a mandated requirement.

Visit aware.com.au/member/forms-and-resources/proofofid for further information on whether your State/Territory has this as a mandated requirement.

5. Your payment options (continued)

5.2 Financial institution account details (only for SMSFs)

You must provide a copy of the SMSF's financial institution statement so we can electronically transfer your rollover to the SMSF's account. Your SMSF statement must show the SMSF name (which will match the account name), BSB and account number you provide below. Payment can only be made to an Australian bank, building society or credit union.

I enclose a copy of a recent financial institution statement confirming the below details

Account name

BSB number

Account number

Name of financial institution

Please ensure all details are provided above. Failure to do so may delay your payment.

Option 3: Transfer all or part of your benefit to an Aware Super retirement income stream

To transfer to an Aware Super retirement income stream, you'll also need to complete the application form at the back of the *Member Booklet Retirement Income Stream: Supplementary Product Disclosure Statement*. You need a minimum of \$20,000 to open a retirement income stream account.

Please mark **X** to indicate your choice:

I wish to transfer my whole benefit (my account balance plus any insurance component) closing my account, **OR**

I wish to transfer my whole benefit less \$1,500 to keep my account open; **OR**

I wish to transfer part of my benefit: \$, , (whole numbers only)

I enclose a signed and completed *Aware Super Retirement income stream member application*, together with the supporting documentation and have read and understood the *Member Booklet Retirement Income Stream: Supplementary Product Disclosure Statement*.

6. Proof of identity (POI)

Please complete **X one** of the options below.

I have previously provided certified proof of identity documents or provided the electronic verification information below to Aware Super and I am not changing my name, providing bank details for the first time or changing a previously nominated bank account.

I will provide electronic proof of identification for verification.

Please provide any TWO of the following:

1. Full name **exactly** as it appears on my Medicare card

My Medicare number is

Valid to

My reference number on this card is

Select your Medicare card colour

Green Blue Yellow

2. Full name **exactly** as appears on my driver's licence

Licence number

Driver's licence card number

State of issue

Expiry date

3. My **Australian** passport number is

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)

6. Proof of identity (continued)

- I will provide original, certified proof of identity (POI) documents. For a list of POI documents, refer to the *How to verify your information* fact sheet included in your claim pack or online at aware.com.au/verify. If my POI documents have not been certified correctly, I understand Aware Super may use the information on the documents to verify my identity electronically using independent data sources.

If you're claiming a TPD or a terminal illness benefit (insurance), POI document must include your date of birth, please refer to the **Notes** of this form for further information.

7. Privacy

The personal information provided on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 650 873** or visit aware.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.



IMPORTANT!

Where you have more than one super account with us, you can advise us in this section.

8. Other instructions (optional)

If you have any special or additional requirements, please provide details here:



Please read the declaration and refer to the *Member Booklet* applicable to your membership or call us on **1300 650 873** if you have any questions.

Your application will be delayed if you do not sign and date this declaration.

9. Declaration

- I declare that the information I have provided in this form is true and correct.
- I authorise any person nominated in Section 2 to act on my behalf in relation to this application.
- If I am claiming a benefit on the grounds that I am permanently incapacitated, I declare that I have ceased gainful employment and am unlikely ever to engage in gainful employment for which I am reasonably qualified, having regard to my training, education and experience.
- I understand that any remaining insurance cover will cease if I don't have enough funds remaining in my super account to pay premiums or I withdraw my whole benefit.
- If I have not provided instructions to cash in or roll over my whole benefit, any remaining benefit will remain in my account and I understand that my instructions may be adjusted to meet the minimum remaining balance requirement of \$1,500.
- I declare that I have sufficient information to make an informed decision about the payment/transfer of my benefit from Aware Super.
- If I'm transferring all or part of my benefit to an Aware Super retirement income stream, I confirm that I've read and understand the *Member Booklet Retirement Income Stream: Supplementary Product Disclosure Statement*, which contained the application form and accept the rules and risks outlined in this booklet and agree to be bound by the trust deed and rules of Aware Super.
- If I have asked the trustee to defer the payment of my benefit until my final SG payment comes in, but I have not provided a date for the final contribution, I authorise my employer to provide this date on my behalf.
- I understand that any cash payment will be made to the account provided section 5. I accept that I am solely responsible for confirming that the correct bank account information has been provided and is clear and readable.
- I understand that if I am rolling benefits over to my SMSF and I don't provide a copy of the fund's financial institution's statement or the account is not held in the fund's name, payment will be made by cheque to the fund's registered address.



If you have made any personal contributions to the fund that you want to claim as a tax deduction, you must send us the *Notice of intent to claim or vary a deduction for personal super contributions (S290C)* tax form and have received confirmation from us before you withdraw contributions.

9. Declaration (continued)

- I understand that if I withdraw my whole benefit, any contributions received by Aware Super from my employer after the payment/transfer will be refunded to my employer.
- I declare that I am the member of Aware Super who is signing this declaration or I have been given Power of Attorney by the member and this Power of Attorney remains valid. A certified copy of the Power of Attorney has been provided.
- I understand that if I don't provide my tax file number, I may have additional tax deducted from my benefit, and the taxed component of any cash payment will be taxed at the highest marginal rate plus the applicable levies if I am under age 60.
- I authorize the exchange of my personal information securely with the Australian Tax Office for the purposes of verifying my identity, if necessary.
- I have read, understood and accept the privacy policy.
- I authorise the use of my personal details, above, for the purpose of electronic data verification. I understand that my information will be used to verify my identity electronically using independent data sources

 Please sign and date form here and print your name.


Signature

Date signed (DD-MM-YYYY)

		■		■					
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Name (print in CAPITAL letters)

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 Send the form to this address.

10. Where to send your completed form

Please return the completed (original) form and additional paperwork to:
Aware Super – Claims
PO Box 1229 WOLLONGONG NSW 2500.

Forms are located on our website at [aware.com.au/forms](https://www.aware.com.au/forms). You can type data directly into these forms, print them and send them to us. If you prefer to write on the forms, please use a dark pen and print clearly.

Important information about your benefit

Insurance cover

If you are an insured member, your insurance cover will cease on the earliest of the date:

- you cease to be a member of the accumulation division of Aware Super
- you elect to cancel your insurance
- you reach age 70 (for death and TPD cover) or age 69 for terminal illness cover
- you have insufficient funds to pay the premiums
- a terminal illness or TPD benefit is paid for your full cover amount
- you die
- if you have any residual death cover after payment of a terminal illness or TPD benefit, the date this residual death cover is paid under the policy
- your super account is inactive for a continuous period of 16 months (unless you have elected to keep your insurance)

Note: any residual death cover after payment of a terminal illness or TPD benefit, will continue subject to the conditions outlined above.

Special rules apply to Police Blue Ribbon Insurance and Ambulance Officers' Insurance. See the *Member Booklet Supplement: Insurance* relevant for your membership category for full details.

Aware Super insurance providers

From time to time, Aware Super changes its insurers. Based on the information you provide when you start your claim, we will provide the relevant insurance claim forms. During the assessment of your claim, it may be identified that another insurer is liable for your claim. If this happens, you may be asked to complete new forms and/or provide additional information. We will try to ensure there is minimum interruption to the assessment process.

Tax file number

When applying for your benefit we encourage you to provide your tax file number (TFN) if you have not already done so. You don't have to provide your TFN but if you choose not to, the payment

will be reduced by the amount of any additional tax payable on your concessional contributions, and the benefit, if taken in cash, may be taxed at the highest marginal rate plus the Medicare and any other levies if you are under age 60.

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 the Commissioner of Taxation or 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 trustee.

Insurance claims and payments to you

You must provide proof of identity (POI) with your application before we can start a claim for an insured benefit or pay your benefit to you. If you have previously provided POI, you do not need to provide it again, unless your name and/or residential address has changed. **If you are claiming an insured benefit, the POI document(s) must include your date of birth.**

Refer to the *How to verify your information* fact sheet included in your claim pack or online at [aware.com.au/verify](https://www.aware.com.au/verify) for further information.

Power of attorney

If you are requesting benefits on behalf of the member as the holder of their power of attorney, you must provide certified copies of proof of identity documents for yourself and the member.

We may request updated and/or additional certified proof of identity documents at any time if we consider this is necessary for the security of our members' benefits.

Further information

If you want further information about what you can claim or need help in relation to the paperwork included in your claim pack, please call us on **1300 650 873** or visit [aware.com.au](https://www.aware.com.au)