equip

Application for Early Release of Superannuation Benefits on Grounds of Permanent Incapacity

- **If you have insurance covering disablement, do not use this form**
- The Trustee reserves the right to request further information including medical reports at the cost of the member
- Please ensure that every question is answered. Incomplete forms will be returned and will result in a delay in processing your request for an early release of your preserved benefits
- Your treating medical practitioner and another medical practitioner who is a specialist in their field must complete the enclosed Certificate of Medical Attendant form
- Questions are to be answered by you or by a person acting on your behalf only if your treating doctor certifies that you are unable to sign.

If you need help

For assistance call our **Helpline** on **1800 682 626**.

Step 1 – Complete your personal details

Please print in black or blue pen, in uppercase, one character per box. A ✓

Title Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Other ☐☐☐ Date of birth ☐☐ / ☐☐ / ☐☐☐☐

Given names

Surname

Residential address (must be advised)

Suburb State Postcode

Postal address (if different to above)

Suburb State Postcode

Daytime Telephone ☐☐ - ☐☐☐☐☐☐☐☐ Mobile ☐☐☐☐ - ☐☐☐☐☐☐

E-mail

Membership number

Employer/Plan Number

Name of your employer

Issued by Equipsuper Pty Ltd ABN 64 006 964 049 AFSL 246383 as Trustee for Equipsuper Superannuation Fund ABN 33 813 823 017.

Step 2 – Employment history

Please state your employer history, beginning with your occupation at the time of your disablement. Please state years of employment beside each occupation

Occupation Number of years

Employer

Date of Employment From / / To / /

Occupation Number of years

Employer

Date of Employment From / / To / /

Occupation Number of years

Employer

Date of Employment From / / To / /

Occupation Number of years

Employer

Date of Employment From / / To / /

Date last worked? / /

Step 3 – Qualifications and training

☐ Secondary – to what age?

☐ TAFE

☐ University

Have the qualifications been completed ☐ YES ☐ NO

Other Trade / Course Qualifications

Please list the other Training you have undertaken:

Name of the Organisation

Name/Type of the course

When undertaken / /

Continued over

Step 3 – Qualifications and training (continued)

Name of the Organisation

Name/Type of the course

When undertaken / /

Name of the Organisation

Name/Type of the course

When undertaken / /

Name of the Organisation

Name/Type of the course

When undertaken / /

Step 4 – Reason to cease work

Please state the nature of the condition(s) that has caused you to cease work:

Step 5 – Details of registered medical practitioners

Please list the details of the registered medical practitioners you have consulted regarding this condition(s):

Name of the medical practitioner

Surname

Daytime telephone number

Mobile

Period consulted

From

To

Name of the medical practitioner

Surname

Daytime telephone number

Mobile

Period consulted

From

To

Name of the medical practitioner

Surname

Daytime telephone number

Mobile

Period consulted

From

To

Name of the medical practitioner

Surname

Daytime telephone number

Mobile

Period consulted

From

To

Privacy

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1800 682 626.

Our Privacy Statement is available to view at www.equipsuper.com.au or you can obtain a copy by contacting us on 1800 682 626. This details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd will also handle your personal information. You can view Mercer's Privacy Policy online at www.mercer.com.au/privacy.htm.

If you have any other queries in relation to privacy issues, you may contact us on 1800 682 626 or write to our Privacy Officer, GPO Box 4303 Melbourne VIC 3001

Step 6– Sign the form

I,(Name(Please print)) _____

Address _____

_____

Declare that the information given in this form is true and correct in every detail. I authorise any person, hospital, doctor who has been or will be attending me, or any employer to provide Equipsuper with any information that it may require in the consideration of this claim.

I understand and consent to my information being collected, disclosed and used in the manner set out in this form and in the Equip Privacy Statement.

Signature ✗

Date ☐☐ / ☐☐ / ☐☐☐☐

Signature of Witness ✗

Date ☐☐ / ☐☐ / ☐☐☐☐

Name of Witness

Please return your completed form to Equipsuper, GPO Box 4303, Melbourne, VIC 3001.