

Step 2 – Provide details of member's condition

1. Please state the diagnosis. If applicable indicate the severity of the condition.

2. Please list the member's most recent occupation.

3. Please list member's past occupations.

4. Please list the member's training, education and experience.

5. Please refer to sections 2, 3 and 4 on this form. In your opinion, is the patient ever likely to resume duties in any occupation for which they are reasonably qualified by their past education, training or experience?

Yes No

Step 3 – Sign the form

I acknowledge my patient's authorisation for me to provide the Trustee with any information that may be required in the consideration of this patient's application for early release of preserved benefits.

Doctor's Full Name

Address

Suburb

State

Postcode

Daytime Telephone

Mobile

Medical Qualifications

Signature

Date

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

