

# Certificate for release of benefit



Please complete in pen using CAPITAL letters and print (X) to mark boxes. Forms must be completed in full. Read the Privacy Collection Statement on this form to see how AustralianSuper uses your personal information.

## 1 To be completed by the AustralianSuper member


Last name	Mr	Mrs	Ms	Miss	Dr
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
First name/s	<input type="text"/>				
Street address	<input type="text"/>				
Suburb/Town	State	Postcode			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Date of birth	Member Number	Male	Female		
<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

## 2 To be completed by the doctor

1. I, the undersigned, understand that the above named being a member of AustralianSuper, has ceased to be gainfully employed and has made a claim on the Fund for payment of his/her benefit on the grounds of permanent incapacity. The member's incapacity has been caused by:

2. In accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations and taxation law covering payment of benefits due to permanent incapacity, I certify that in my opinion, the above named member is unlikely ever again to engage in gainful employment for which he/she is reasonably qualified by education, training or experience.
3. I confirm I am a legally qualified medical practitioner registered with the Australian Health Practitioner Regulation Authority (Ahpra) and provide my registration details below.

### Signature of person making the declaration

	Date				
<input type="text"/>	<input type="text"/>				
Last name	Mr	Mrs	Ms	Miss	Dr
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
First name/s	<input type="text"/>				
Street address	<input type="text"/>				
Suburb/Town	State	Postcode			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Phone number	Provider number	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Ahpra Registration Number	<input type="text"/>				
<b>M E D</b>	<input type="text"/>				
Qualifications	<input type="text"/>				
<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>				

## Privacy Collection Statement

Please read this Privacy Collection Statement to see how AustralianSuper uses your personal information.

AustralianSuper Pty Ltd (ABN 94 006 457 987) of GPO Box 1901, Melbourne, Victoria 3001, collects your personal information (PI) to operate your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to provide these services. PI is collected from you but sometimes from third parties like your employer. We will only share your PI where necessary to perform our activities with our administrator (Australian Administration Services Pty Ltd, Link Group), service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. A list of countries can be found at the URL below. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details go to [australiansuper.com/privacy](https://australiansuper.com/privacy) or call us on **1300 300 273**.