

Complete this form to apply to make a withdrawal from your Cruelty Free Super account due to permanent incapacity.

You can find detailed information about Cruelty Free Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, and Information Collection Notice, all of which can be obtained from crueltyfreesuper.com.au or on request by phoning **1300 096 631**.

This form must be posted to:
Cruelty Free Super
PO Box 1282
Albury NSW 2640.

Important Information about Applying for Early Release of Super due to Permanent Incapacity

The Trustee may be able to release the money held in your super account, also known as your 'superannuation benefit', if you are permanently incapacitated.

Are You Eligible?

Before you make an application to the Trustee, the first thing to do is to check if you're eligible.

'Permanent incapacity' means that illness or injury has rendered you unlikely to ever again engage in gainful employment for which you are reasonably qualified by education, training or experience.

If you have permanently ceased all employment because of illness or injury, you are eligible to make a claim for early release of your superannuation because of permanent incapacity.

Before you complete this form and make your application to the Trustee for early release of your superannuation benefit, it is important you read the following information. There are strict guidelines in place for assessing early release applications, and you should understand these guidelines before you submit your application.

What If You're Not Eligible?

If you have not permanently ceased all employment because of illness or injury, then you are not eligible to apply. For more information about whether another condition of release may be available to you, please contact us at hello@crueltyfreesuper.com.au.

Do You Hold TPD Insurance Cover Through the Fund?

You may hold Total and Permanent Disability (TPD) insurance cover through Cruelty Free Super. If you do, you may also be eligible to apply to receive the amount that you are insured for. For more information on how to make the appropriate insurance claim, please contact us at hello@crueltyfreesuper.com.au.

Proof of Identity and Certified Copies

Wherever we request certified copies you must ensure that the documents you provide have been certified correctly by an approved person. For more information, see the Providing Certified ID Factsheet attached.

Want Your Application To Be Assessed Quickly?

To ensure your application is assessed as soon as possible, please ensure that you complete all fields on the application form and provide all requested documents. Any missing information and/or documents will result in the assessment being delayed while we request them again.

SECTION 1: PERSONAL DETAILS

GIVEN NAME(S):

SURNAME:

MEMBER NUMBER:

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DATE OF BIRTH:

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RESIDENTIAL ADDRESS:

MOBILE PHONE NUMBER:

EMAIL ADDRESS*:

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point.

SECTION 2: TAX FILE NUMBER

TAX FILE NUMBER:

We are authorised to collect your TFN under the Superannuation (Supervision) Act 1993, Australian Taxation Act 1997, in compliance with the Australian Privacy Principles.

You can find your TFN on statements you've received from the ATO, your super fund, your work payment summary, or alternatively you can contact the ATO on 13 28 61 for help finding it. By providing your TFN you are giving Cruelty Free Super permission to use your TFN for superannuation purposes. This includes creating and administering your account, accepting personal contributions into your account, using the ATO's SuperMatch service to find lost or inactive accounts in your name, and actioning your rollover requests.

Choosing not to provide your TFN is not an offence, but it may mean that you pay higher tax on your investment and we will not be able to accept some types of contributions from you. The lawful purposes for which your TFN can be used, and the consequences for not quoting your TFN, may change in the future, because of legislative changes. For more information, refer to the PDS and incorporated information or contact us on 1300 096 631.

SECTION 3: OCCUPATION STATUS

Please advise the occupations that you have undertaken that best reflect your education, training and experience.

OCCUPATION 1

OCCUPATION 2

OCCUPATION 3

LAST EMPLOYER'S NAME

DATE LAST WORKED FOR EMPLOYER

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EMPLOYER'S ADDRESS:

'Permanent incapacity' refers to the early release of your preserved superannuation benefit on the grounds of illness or injury which renders you unlikely to ever again engage in gainful employment for which you are reasonably qualified by education, training or experience.

Have you permanently ceased all employment?

Yes

No

If you answer 'no' to this question, you cannot make a claim for early release of your superannuation because of permanent incapacity.

SECTION 4: DIAGNOSIS

Please attach a summary of your medical condition (illness, injury or disability), and how it impacts on your capacity to work, to this form.

SECTION 5: WITHDRAWAL INFORMATION

Do you wish to withdraw your entire account balance?*

Yes

No

If no, how much would you like to withdraw?^

\$

* If you withdraw your entire account balance any insurance cover you hold with Cruelty Free Super will cease and your account will be closed.

^ The amount specified above is a gross amount, and tax may be payable on withdrawals.

If approved, the withdrawal payment will be made into the account you specify below:

NAME OF AUSTRALIAN FINANCIAL INSTITUTION:

BSB NUMBER:

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ACCOUNT NUMBER:

ACCOUNT NAME*:

* We can only make payments into an Australian bank, credit union or building society account that's in your name or held jointly in your name with another person.

SECTION 6: VERIFICATION OF IDENTITY

Please attach paper copies of your certified ID.

Please ensure that you provide photocopies and not originals of your identification documents and that each page of each document is correctly certified as a true copy.

For more information, see the **Providing Certified ID Factsheet** attached.

If the documents you provide are not correctly certified or are unable to be read, we will request that you resend an acceptable copy. We are not able to action your withdrawal request until you have provided us with the information we require.

SECTION 7: DECLARATIONS AND SIGNATURE

By completing this form, I declare that:

- I have made an informed decision because I have read and understood the PDS and all related documents to which this early release application applies.
- All of the details I have provided are true and correct.
- I have read the Privacy Statement (below) and consent to Cruelty Free Super using my personal information for the purposes as stated.
- I understand that I can request appropriate information that I may reasonably require from Cruelty Free Super for the purpose of understanding my benefit entitlement, including information about fees and charges that may apply.
- I acknowledge that the Trustee cannot provide me with financial advice about the consequences of withdrawing my benefit and that I should consult an appropriately qualified adviser for such advice.
- I accept that I am bound by the provisions of the trust deed and rules which govern the operation of Cruelty Free Super.

SIGNATURE:

DATE (DD/MM/YYYY):

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PRINT NAME:

PRIVACY STATEMENT

By signing this form you consent to Cruelty Free Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed, and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund's Promoter and Sub-Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.crueltyfreesuper.com.au or email us at hello@crueltyfreesuper.com.au.

PROCESSING CHECKLIST

The Trustee will not begin assessing your application until all of the following have been received:

- Form completed and signed
- Verification of ID completed
- Statutory declaration completed and signed
- Medical reports completed by two independent registered medical practitioners

MEDICAL REPORT FORM FOR PERMANENT INCAPACITY CLAIM

This form must be completed by a registered medical practitioner.

MEMBER NAME:

MEMBER NUMBER:

This member has applied for the early release of their superannuation benefit on the grounds of permanent incapacity. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

The member is responsible for any costs associated with obtaining this report.

Are you the member’s usual medical practitioner?

- Yes
- No

What is the nature of the member’s present disability?

Please attach details of the member’s present medical condition and, if available, the history of the condition as applies to the member.

When did the member first consult you regarding the disability?

(DD/MM/YYYY):

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What treatment is the member currently receiving in relation to the disability?

Please attach details of the treatment that the member is currently receiving in relation to the disability.

The definition of Permanent Incapacity requires the Trustee to be reasonably satisfied that the member is suffering from ill health (whether physical or mental), to such an extent that the member is unlikely, because of the ill health, to ever engage in gainful employment for which the member is reasonably qualified by education training or experience.

In your opinion, does the member meet the above definition?

- Yes
- No

Please attach details of your reasoning for the answer given above.

If, in your opinion, the member is not permanently incapacitated, please indicate the nature of any employment that might be open to them.

I hereby certify that I have examined the above-named Cruelty Free Super member and that the statements made in this Medical Report are true and correct to the best of my knowledge.

NAME:

QUALIFICATIONS:

PROVIDER NUMBER:

PHONE NUMBER:

PRACTICE ADDRESS:

EMAIL ADDRESS:

SIGNATURE:

DATE (DD/MM/YYYY):

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PRINT NAME:

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PRINT NAME:

EARLY RELEASE OF BENEFIT DUE TO PERMANENT INCAPACITY - STATUTORY DECLARATION

Commonwealth of Australia Statutory Declaration
- Statutory Declaration Act 1959

I (insert name)

of (insert address)

as a (insert occupation)

do solemnly and sincerely declare that the information provided by me in the 'Application for Early Release of Super due to Permanent Incapacity Form' annexed to this Statutory Declaration is true and correct.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended (the Act) and subject to the penalties* provided in that Act for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signed

Signature of person making the declaration. Please sign in front of an authorised witness.

Declared at

Location

On

Date

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Authorised witness before me

Name of authorised witness. Note the authorised witness must be either a Justice of the Peace, Doctor, Pharmacist or Australia Post Officer.

Signature of authorised witness

Qualifications of authorised witness

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Contact number of authorised witness

* A person who intentionally makes a false statement in a Statutory Declaration made under the Statutory Declaration Act 1959 (as amended) is guilty of an offence against this Act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding 6 months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.

Use this Fact Sheet to understand the types of documents that we can accept as proof of your identity and what you need to do to ensure that they are certified correctly.

When submitting forms to Cruelty Free Super you may be required to provide certified documents in hardcopy so that we can prove you are the person to whom the super account belongs to.

1. ACCEPTABLE IDENTIFICATION PROOF DOCUMENTS

Generally, an acceptable level of proof of identity will require:

- a. Certified copies of **one primary photographic** identification document.

OR

- b. A certified copy of **one primary non-photographic** identification document **and one secondary** identification document.

Primary Photographic Documents

- Current Australian driver's licence issued under State or Territory law.**
- Current proof of age card issued under State or Territory law.
- Australian Passport (current or may be expired within 2 years).
- Current foreign driver's licence (including photo, date of birth and signature).*
- Current foreign passport.**
- Current national identity card issued by a foreign government (including photo, date of birth and signature).**

AND

Primary Non-Photographic Documents

- Australian birth certificate or birth extract.
- Foreign birth certificate or birth extract.**
- Australian citizenship certificate issued by the Commonwealth.
- Citizenship certificate issued by a foreign government.**
- Current pension card issued by the Department of Human Services (Centrelink) that entitles the person to financial benefits.
- Current health care card (Issued by Centrelink).

AND

Secondary Documents

A current notice (showing name and residential address) issued by:

- Commonwealth or State Government (within 12 months);
- Australian Taxation Office (within 12 months); or
- Local Government or utilities provider (within 3 months).

OR

If under the age of 18, a notice that:

- Is issued by a school principal within the preceding 3 months;
- Records name and residential address; and
- Records school attendance.

* Including the back of the driver's licence if your address has changed.

** Documents written in a foreign language must be accompanied by a translation into English by an accredited translator.

2. CERTIFYING DOCUMENTS

A certified copy of an identification document is a copy of an original document, which has been certified and signed by a person who is authorised to certify that it is a true and correct copy of the original.

For a full listing of people who can certify your documents, see the Statutory Declarations Regulations 1993.

Some of the people who can certify copies of originals as true copies in Australia are:

- a medical practitioner
- an optometrist
- a nurse
- a veterinary surgeon
- an optometrist
- an accountant (member of CA, CPA or IPA)
- a psychologist
- a police officer
- a pharmacist
- a legal practitioner
- a chiropractor
- a Justice of the Peace
- a dentist
- a judge or magistrate
- a physiotherapist
- a chief executive officer of a Commonwealth court
- a teacher employed on a full-time basis at a school or tertiary institution
- an employee with two or more years' continuous service with an office supplying postal services to the public
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees

If you are living overseas, the persons who are authorised to certify copies of originals and true copies include:

- an authorised staff member of an Australian Embassy, High Commission or Consulate
- an authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- an authorised employee of the Commonwealth of Australia who is in a country or place outside Australia
- a member of the Australian Defence Force who is an officer or a non-commissioned officer with 5 or more years of continuous service
- a person authorised as a notary public in a foreign country.
- (subject to approval on a case-by-case basis) a Judge of a Court, a Justice of the Peace, a Magistrate or a Police Officer of a foreign country

3. HOW TO CERTIFY A COPY OF AN IDENTIFICATION DOCUMENT

You will need to take your original document, and a clear and legible photocopy of both sides of the original document, to a person who is authorised to certify proof of identity documents.

The person authorised to sight and certify documents must:

- Sight the original and the copy and make sure they are identical; and
- Write or stamp ‘certified true copy’ on all copied pages followed by their signature, printed name, qualification (e.g. Justice of the Peace), registration number (if applicable) and date.

Example of certification requirements



- A clear copy of the document that identifies you (i.e. your driver’s licence (front and back) or passport)
- Certified true copy Write or stamp ‘certified true copy’ of the original document
- J. Sample The authorised person’s signature
- Mr John Sample Full name of the authorised person
- Justice of the Peace Qualification of the authorised person
- Registration no. 123456789 Registration number (if applicable) of the authorised person
- Date: 01/02/2020 Date of certification (within 12 months of receipt)

4. FREQUENTLY ASKED QUESTIONS

A. What happens if I’ve changed my name or I’m signing on behalf of another person?

If you’ve changed your name or are signing on behalf of the applicant, you’ll need to provide a certified linking document proving a relationship exists between two (or more) names. For a change of name you can request linking documents (e.g. Marriage Certificate, Deed Poll, Change of Name Certificate, Divorce Decree or Registered Relationship Certificate) from the Births Deaths and Marriages Registration Office.

If you are signing on behalf of the applicant, you will need to provide Guardianship papers or Power of Attorney documents.

B. Do proof of identity and/or linking documents need to be translated?

If your proof of identity and/or linking documents are in a language that is not understood by the person carrying out the verification, they must be accompanied by an English translation prepared by an accredited translator.

C. For how long is the certification valid?

Documents certified more than 12 months ago will not be accepted.