



PERSONAL

# Benefit Payment Application (Total & Permanent Disablement)

**IMPORTANT:** You are required to forward this form to AustSafe Super along with an employee statement and medical authorisations. Please use BLOCK letters and **black** ink when completing this form and ensure it is signed and dated. Send the completed form to AustSafe Super GPO Box 3113 Brisbane Q 4001. If you have any questions please call the AustSafe Super Customer Service Centre on 1300 131 293.

## Member Details

Membership number									
Mr/Mrs/Ms/Miss		Surname							
Given names						Date of birth (dd/mm/yyyy)			
Residential Address					Street name				
Suburb / Town						State		Postcode	
Business / Contact number					Home phone number				

## Employer Details

The trading name of the last employer who contributed to AustSafe Super on your behalf											
Date left employment (dd/mm/yyyy)											
Date first started work for AustSafe Super employer (dd/mm/yyyy)											
Have you worked since last being employed by an AustSafe Super employer?								Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, the trading name of employer											
Street number / PO Box			Street name								
Suburb / Town						State		Postcode			
Business / Contact number											
Date commenced work with this employer (dd/mm/yyyy)					Date ceased work with this employer (dd/mm/yyyy)						

## Method of Payment (continued overleaf)

<input type="checkbox"/> Send me a cheque in payment of the benefit; or	<input type="checkbox"/> Rollover my benefit (fill in details below)
Name of new superannuation fund	

PTO - TO COMPLETE FORM



PERSONAL

# Benefit Payment Application (Total & Permanent Disablement)

## Method of Payment (continued)

Membership number in new superannuation fund	New superannuation fund's SPIN/ABN
<input type="text"/>	<input type="text"/>
Contact number	
<input type="text"/>	
Address	
<input type="text"/>	
	State
<input type="text"/>	<input type="text"/>
	Postcode
<input type="text"/>	<input type="text"/>

## Tax File Number (TFN) Details

AustSafe Super is required to inform you of the below details before you provide your Tax File Number (TFN). The Trustee can collect your TFN under the Superannuation Industry (Supervision) Act 1993. You are under no obligation to provide your TFN, either now or later, and it is not an offence to withhold your TFN. However, if you do not provide AustSafe Super with your TFN:

- you may have to pay more tax than you need to. You may be able to reclaim this additional tax at your next tax assessment with the Australian Taxation Office (ATO);
- AustSafe Super will not be able to accept any non concessional contributions from you;
- any superannuation contribution paid by your employer on your behalf will be accepted but may be subject to additional tax at 31.5% known as 'No TFN Contributions Tax'. This additional tax may be refunded upon receipt of your valid TFN within 3 years of the contribution being made, as long as you are still a member of the Fund;
- the payment of your benefit may be delayed;
- in the future, when AustSafe Super needs to pay benefits to you, it may be more difficult to locate or amalgamate all the superannuation benefits you are entitled to; and
- from 1 July 2007, you will not qualify for any co-contribution support from the government.

The consequences of withholding your TFN may change in the future as a result of legislative changes. If you do provide AustSafe Super with your TFN, the Fund will treat it as confidential and use it only for legal purposes such as to find your superannuation benefits where other information is insufficient and to calculate tax on any benefits you may be entitled to. AustSafe Super may give your TFN to the Commissioner of Taxation for the purpose of the Lost Members Register or Unclaimed Monies. If you wish to transfer benefits to another superannuation fund or Retirement Savings Account, AustSafe Super will provide your TFN to the Trustee of that fund or Retirement Savings Account provider, unless you notify AustSafe Super in writing not to do so. These purposes may change in the future as a result of legislative changes. For more information about the use of TFNs contact the Australian Taxation Office Superannuation Hotline on 13 10 20.

My TFN is:  I do not wish to provide my TFN:

## Privacy

Please note that by sending AustSafe Super personal information about yourself, you are agreeing to the following:

1. That you have read the AustSafe Super Privacy Statement and understand how AustSafe Super intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
2. That AustSafe Super can use it for the purpose of operating your superannuation account.

If you have any questions about your rights under the privacy legislation, contact AustSafe Super on 1300 131 293.

## Declaration

I have read and I understand the section headed 'Tax File Number (TFN) details' and, by signing below and providing my Tax File Number, I am authorising the Trustee to pay my benefit as indicated. I understand that, if I choose not to quote my Tax File Number, the Trustee is required to deduct tax at the top marginal rate plus Medicare Levy on my benefit and additional tax on my concessional contributions received by the Fund, if applicable.

Where the full balance of my account is to be paid from AustSafe Super, I hereby release the Trustee from any further liability and obligation to me, my legal personal representative or any other person claiming in respect of my membership in AustSafe Super. Where any part of my account is to be paid from AustSafe Super, I hereby release and discharge the Trustee from any liability and obligation to me, my legal personal representative or any other person claiming in respect of my membership in AustSafe Super to that extent. I will be unable to claim a refund of additional tax applied to my concessional contributions once I exit the Fund.

I have attached proof of my identity in accordance with the instructions provided in the Additional Information Section of this form.

I understand AustSafe Super may request, in writing, additional information from me prior to releasing my benefit.

Signature  Date (dd/mm/yyyy)

## Proof of identity

You will need to provide documentation to prove you are the person to whom the superannuation entitlements belong.

## Acceptable documents

The following documents may be used to provide your identity:

Either ONE of the following document only;

- a) driver's license under State or Territory law; or
- b) a passport;
- c) 18 Plus Card; or
- d) National Identity Card

OR

ONE of the following documents:		ONE of the following documents:
<ul style="list-style-type: none"> <li>a) birth certificate or birth extract;</li> <li>b) citizenship certificate issued by the Commonwealth;</li> <li>c) pension card issued by Centrelink that entitles the person to financial benefits.</li> </ul>	AND	<ul style="list-style-type: none"> <li>a) letter from Centrelink regarding a Government Assistance payment;</li> <li>b) notice issued by Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address eg Tax Office Notice of Assessment, rates notice from council</li> </ul>

## Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The table below contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

## Certification of personal documents

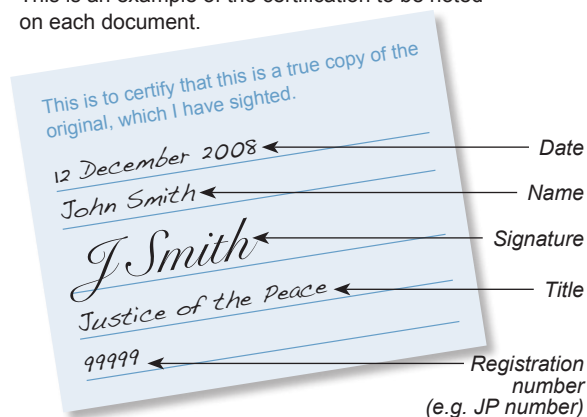
All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as true and correct copies:

- a) a permanent employee of Australia Post with five (5) or more years of continuous service;
- b) a finance company officer with five (5) or more years of continuous service (with one or more finance companies);
- c) an officer with, or an authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five (5) or more years continuous service with one or more licences;
- d) a notary public officer;
- e) a police officer;
- f) a registrar or deputy registrar of a court;
- g) a Justice of the Peace;
- h) a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner;
- i) an Australian consular officer or an Australian diplomatic officer;
- j) a judge of a court;
- k) a magistrate, or;
- l) a Chief Executive Officer of a Commonwealth court.

This is an example of the certification to be noted on each document.



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