



Accumulation account

Permanent Incapacity Form



Superannuation Law allows you to access your preserved benefits if the Trustee is satisfied that you are permanently incapacitated. Two separate legally qualified medical practitioners are required to complete the Permanent Incapacity declaration sections of this form (step 3 and 4).

Please note, at least one of the legally qualified medical practitioners must be a specialist practicing in an area related to your illness or injury.

If your doctor prefers to provide their own report it must include all of the exact wording on the the Permanent Incapacity declaration section of this form to meet the super and tax laws for this condition of release.

Note: ANY FEES CHARGED FOR COMPLETING THIS FORM WILL NEED TO BE PAID BY YOU.

For assistance call our Helpline on **1300 133 177**.

Step 1. Complete your personal details

Please print in black or blue pen, in capital letters, one character per box.

NGS member number

Title

Date of birth

/

/

Given names

Surname

Residential address (must be provided)

Suburb

State

Postcode

Postal address (if different to above)

Suburb

State

Postcode

Phone number

-

Mobile

Personal email

Step 2. Attach documentation if your personal details have changed

Name and date of birth changes – see Step 9 ‘Attach proof of identity’ section for details of how and what to provide along with who can certify documents. For a full list of people who can certify documents and acceptable alternative documents, please visit ngssuper.com.au/POI

Address changes – attach a copy of a recent bill, mail item or driver’s licence that displays your new residential or postal address.

If the required supporting documentation is not provided, the payment of your benefit will be delayed.

Issued by NGS Super Pty Limited ABN 46 003 491 487 AFSL No 233 154 the trustee of NGS Super ABN 73 549 180 515

Accumulation Account Permanent Incapacity Form

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Step 3. Permanent incapacity declaration

To be completed by a legally qualified medical practitioner

The purpose of this declaration is for NGS Super to collect information in order to determine whether your patient (named above) meets the requirements of having a Permanent Incapacity condition under superannuation and tax law.

To meet the requirements for 'Permanent Incapacity condition', the patient must be unlikely because of ill-health, to ever engage in gainful employment in a capacity for which he/she is reasonably qualified by education, training or experience.

I certify that:

name of the patient

is suffering from:

I have treated the above person for years.

That in my opinion, the above named person is unlikely because of ill-health, to ever engage in gainful employment in a capacity for which he/she is reasonably qualified by education, training or experience.

☐ Yes ☐ No

as from the date / /

The prognosis is:

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

Day-Time Telephone

 -

Mobile

Medical Qualifications

Provider Number

Signature

Date

 / /



Step 4. Permanent incapacity declaration

To be completed by a legally qualified medical practitioner specialising in an area related to your illness or injury

The purpose of this declaration is for NGS to collect information in order to determine whether your patient (named above) meets the requirements of having a Permanent Incapacity condition under superannuation and tax law.

To meet the requirements for 'Permanent Incapacity condition', the patient must be unlikely because of ill-health, to ever engage in gainful employment in a capacity for which he/she is reasonably qualified by education, training or experience.

I certify that:

name of the patient

is suffering from:

I have treated the above person for years.

That in my opinion, the above named person is unlikely because of ill-health, to ever engage in gainful employment in a capacity for which he/she is reasonably qualified by education, training or experience.

☐ Yes ☐ No

as from the date / /

The prognosis is:

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

Day-Time Telephone

 -

Mobile

Medical Qualifications

Provider Number

Signature

Date

 / /



Step 5. Provide payment instructions (subject to approval of your claim)

If you are intending to claim a tax deduction for personal contributions you have made to your NGS Super account, you should complete the **Notice of intent to claim or vary a deduction for personal super contributions** to claim a tax deduction **before** requesting a withdrawal.

You will not be able to claim a tax deduction if the withdrawal occurs first.

Find out more at ngssuper.com.au/deduction

Payment amount

Only select one option

- ☐ Full withdrawal (close my account)
- ☐ Partial withdrawal \$
- ☐ Retain \$ in my NGS Accumulation account and pay out the remainder

Payment method

- ☐ Lump sum payment – go to **option A**
- ☐ Rollover to another super fund – go to **option B**

A. Lump sum payment

Are you an Australian or New Zealand citizen or an Australian Permanent Resident?

- ☐ Yes ☐ No

The ability to pay as cash (and the rate of any applicable tax) may depend upon your residency or citizenship status. If your payment request is affected by your residency/citizenship status, you will be advised accordingly. Failure to respond to the above question may result in delays in the processing of your payment(s).

Please provide evidence of your bank account details, such as a bank statement, showing the account name, BSB, and account number. The statement must be dated within the last six months.

Financial institution

Account held in the name[^]

BSB

Account Number

Payments can only be made to an Australian bank account and cannot be paid into a credit card account or third party account. We will take care to ensure your money is paid in line with the details you have provided. However, we accept no responsibility for any loss which occurs as a result of incorrect bank account details you provide us.

[^]This must be a personal account, held solely or jointly in your name

B. Rollover to another super fund

Fund name[^]

Fund ABN¹

Unique Superannuation Identifier (USI)¹

Membership or Policy number¹

Fund contact number

Continued over



Step 5. Provide payment instructions (subject to approval of your claim) (continued)

This fund is a Self Managed Super Fund (SMSF)

Note: All payments to an SMSF will be paid by EFT. Please ensure the SMSF bank details are up to date on the ATO's website abr.gov.au. Please provide a copy of the SMSF's bank account statement. Payments can only be processed if you have provided your SMSF's Electronic Service Address (ESA).

Financial institution

BSB

Account Number

Account name

Electronic Service Address (ESA)¹

If exempt from an ABN, tick the reason for exemption:

Exempt Public Sector Super Scheme ☐

Retirement Savings Account ☐

¹ A rollover to another fund cannot occur without the ABN, USI/ESA **and** membership/policy number of the fund you are transferring to. If you are

Step 6. Provide investment option details

Complete for partial withdrawals only.

Select whether you would like your withdrawal to be made in the same proportions as your selected investment options, or if you'd like to have withdrawals made from specific nominated options:

☐ Make my withdrawal in the same proportions as my account balance

☐ Make my withdrawal from the following options:

Percentage to be withdrawn

%

%

%

%

%

%

%

%

%

%

%

%

%

Pre-mixed options

Diversified (MySuper) — *default investment option*

Growth Plus

Growth

Balanced

Defensive

Indexed Diversified

Sector-specific options

Australian Shares

International Shares

Infrastructure

Property

Diversified Bonds

Cash & Term Deposits

TOTAL



Step 7. Confirm contributions

If you are intending to claim a tax deduction for personal contributions you have made to your NGS Super account in the current or previous financial years, you need to complete the **Notice of intent to claim or vary a deduction for personal super contributions** to claim a tax deduction before requesting a withdrawal. Find out more at ngssuper.com.au/deduction

Should you wish to split your super contributions with your spouse for the current or previous financial years, you need to complete a **Contribution splitting form**. Find out more in our fact sheet **Split super contributions with your spouse** available at ngssuper.com.au/PDS

IMPORTANT - claiming a tax deduction and splitting contributions cannot be processed after your benefit payment has been processed. Please lodge your instructions with (or before) these payment instructions.

The **Notice of intent to claim or vary a deduction for personal super contributions** and **Contribution splitting form** are available at ngssuper.com.au/forms

Step 8. Advise your tax file number (optional)

NGS Super is authorised under the Superannuation Industry (Supervision) Act 1993 and various taxation Acts to ask for your tax file number (TFN). NGS Super will only use your TFN for lawful purposes, including the processing of requests, transfers to other superannuation funds and managing member accounts. These purposes may change in the future due to changes in legislation. Choosing not to provide your TFN is not an offence. However, the consequences of not providing a valid TFN can include:

- Only employer contributions being accepted by the Fund, which may be subject to additional tax being withheld;
- If you make a member, spouse or co-contributions into the Fund, you will need to provide your TFN within 30 days, otherwise we may be required by law to return the contribution to you; and
- Additional tax being withheld from certain member payments that you may request.

Select one option

- ☐ I have previously provided my TFN
- ☐ My TFN is - -
- ☐ I do not wish to provide my TFN

Step 9. Attach proof of identity

For identification purposes, you **MUST** attach a certified copy of either your driver's licence (**front and back**) or passport (or acceptable alternatives). You can have these documents certified by a number of people including either a full-time teacher or by a post office employee with more than two years' continuous service. For a full list of people who can certify documents and acceptable alternative documents, please visit ngssuper.com.au/poi. An example of how to certify documents is shown below.

- ☐ I have attached a certified copy of the appropriate proof of identity.

Failure to provide appropriate proof of identification may result in a delay processing your payment(s).

How to certify documents

After sighting the original and the copy and making sure both documents are identical, the certifier must include on EACH page:

- written or stamped 'certified true copy'
- signature and printed full name
- qualification (such as Justice of the Peace, Australia Post employee with more than 2 years' continuous service, etc.)
- date (the date of certification must be within the 12 months prior to our receipt).



- ← 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
Justice of Peace ← Full name, qualification and registration number (if applicable)
of the authorised person.
- Registration No.123456789 ← Date of certification (within 12 months of receipt by NGS).
- Date: 31/07/2026

Verification

A verification of the certifying party may be performed. If a discrepancy arises, you may be requested to re-certify documentation.

Important note

The information in this document is a guide only and we may request additional documentation prior to any payment.



Complete the checklist

To enable your payment to be processed promptly, please ensure you have correctly completed this form before returning it to us.

Have you:

- ☐ Provided your details in **Step 1**?
- ☐ Provided certification from two legally qualified medical practitioners (**Steps 3 and 4**)?
- ☐ Provided your payment instructions in **Step 5**?
 - ☐ **Option A**, included proof of your account details such as a statement that shows your BSB, bank account number and account name?
 - ☐ **Option B**, included SMSF bank account statement and Electronic Service Address (ESA)?
- ☐ Included certified proof of identity, ensuring the identification provided and the certification follows the instructions in **Step 9**?
- ☐ Signed and dated the form in **Step 10**?

Step 10. Sign the form

By signing this form I understand that there may be a delay in payment if my details have changed.

Where I have provided my tax file number (TFN) I acknowledge that I understand the circumstances in which my TFN may be collected and used.

I consent to my personal information being collected, disclosed and used as described in the **Privacy Collection Statement**.

Signature

Date

 / /

Where to send your form

Member Online

Upload your completed form and supporting documents on **Member Online** (once logged in) via Contact Us

Post

NGS Super
GPO Box 4721
MELBOURNE VIC 3001

Privacy collection statement

NGS Super Pty Limited ABN 46 003 491 487 AFSL 233154 and NGS Financial Planning Pty Ltd ABN 89 134 620 518 (together, **NGS**) collect personal information from you or third parties, including your employer, another super fund or an insurer, to manage your account, insurance and claims, provide financial planning services, keep you informed, improve our services, conduct direct marketing, and respond to your enquiries. If we do not have this information, we may not be able to provide these services. You may opt out of direct marketing at any time.

We may be authorised or required to collect your personal information under the *Superannuation Industry (Supervision) Act 1993* (Cth), *Income Tax Assessment Act 1997* (Cth), *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth), *Corporations Act 2001* (Cth), *Australian Securities and Investments Commission Act 2001* (Cth), and *Family Law Act 1975* (Cth). Health information is sensitive information and will be collected with consent, where required or authorised by law.

We disclose personal information as needed to manage the Fund, including to our administrator, insurer, professional advisers, employers, service providers and parties required by law. Personal information may be disclosed overseas, with the list of countries captured in our full Privacy Collection Statement, see link below. We take reasonable steps, including contractual arrangements, to ensure that overseas recipients handle personal information in accordance with the Australian Privacy Principles.

You may access or seek correction of your personal information, or make a privacy complaint, by contacting our Privacy Officer. If unresolved, you may contact the Office of the Australian Information Commissioner. For full details, see our **NGS Privacy Statement and full Privacy Collection Statement** at ngssuper.com.au/privacy or call our Helpline on **1300 133 177**.