



Accumulation account

# Terminal Illness Claim Form



Superannuation law allows you to access your preserved benefits if the trustee is satisfied that you are suffering from an illness or have incurred an injury, that is likely to result in your death within a period of 24 months from the date of certification by your treating Legally Qualified Medical Practitioners.

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.

**Note: ANY CHARGE FOR THE COMPLETION OF THIS FORM MUST BE PAID BY THE PATIENT.**

For assistance call the Helpline on **1300 133 177**. Please post your completed form to NGS Super, GPO Box 4721, Melbourne VIC 3001 or upload via Contact us in your **Member Online**.

## 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 advised)

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](http://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.**



### Step 3. To be completed by a legally qualified medical practitioner who is a specialist

#### TERMINAL MEDICAL CONDITION DECLARATION (to be completed by a legally qualified medical practitioner who is a specialist)

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 terminal medical condition under superannuation and tax law.

To meet the requirements for 'terminal medical condition', your patient must be suffering from an illness, or must have incurred an injury, that is likely to result in the death of your patient within a period of 24 months from the date of this declaration.

I certify that:   
name of the patient

is suffering from:

Is this condition likely to result in their death within a twenty-four (24) month period from the date of this certification?

☐ Yes ☐ No

Provide details of patient's condition:

### 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

Provider Number

Signature

X

Date

## Step 4. To be completed by a legally qualified medical practitioner

### TERMINAL MEDICAL CONDITION DECLARATION (to be completed by a legally qualified medical practitioner)

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 terminal medical condition under superannuation and tax law.

To meet requirements for 'terminal medical condition', your patient must be suffering from an illness, or must have incurred an injury, that is likely to result in the death of your patient within a period of 24 months from the date of this declaration.

I certify that:

name of the patient

is suffering from:

Is this condition likely to result in their death within a twenty-four (24) month period from the date of this certification?

☐ Yes ☐ No

Provide details of patient's condition:

## 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

Provider Number

Signature

X

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](https://ngssuper.com.au/deduction)

Please provide instructions on how you want your benefit paid by selecting one of the payment options below

### ☐ Option 1: Pay as cash

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).

- ☐ Pay \$  ,  ,  gross (tax may be payable on cash payments – see our **Fees, costs and tax guide** available on our website for more information).
- ☐ Please retain \$  ,  ,  in my NGS Accumulation account and pay out the remainder (a minimum of \$6,000 must be retained)
- ☐ Close my account and pay my total account balance (including my preserved benefit where my total account balance is \$200 or less)

**Please provide proof of your account details such as a statement that shows your BSB number, your bank account number and your account name.**

Financial institution

Account held in the name of

BSB

Account Number

Money cannot be paid into a credit card account or a 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.

Continued over



☐ **Option 2: Rollover to another fund (select one option ✓)**

- ☐ Total amount (if available under the rules of the Fund)
- ☐ Total remaining after above cash payment
- ☐ Please retain \$  ,  ,  in my NGS Accumulation account and transfer the remainder (a minimum of \$6,000 must be retained)
- ☐ A partial withdrawal of \$  ,  ,

(If you wish to transfer part of your super to more than one fund, copy this section of the form and complete it for each fund, inputting the amount to be transferred to each fund. Note that payment will be allocated from any non-preserved amount first, followed by your preserved amount. This order will apply to the first rollover fund listed on these instructions, followed by the remaining funds in the order listed.)

**Note:** If you request to roll over the full balance of your account and your employer is currently paying contributions into your NGS Super account, you must notify your employer prior to the rollover, to ensure your future contributions are paid to your other fund. If you don't, your employer may make further contributions for you into NGS Super, where a new account may be set up for you and fees and insurance premiums may be deducted.

Please provide details of the fund to which you are transferring

Name of fund

☐ **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](http://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).

Name of financial institution

BSB

Account Number

Account name

Electronic Service Address (ESA)<sup>1</sup>

Fund address

Suburb

State

Postcode

Fund contact number

Fund ABN<sup>3</sup>

Unique Superannuation Identifier (USI)<sup>3</sup>

Membership or Policy number<sup>3</sup>

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

Exempt Public Sector Super Scheme ☐

Retirement Savings Account ☐

<sup>1</sup> 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 rolling over to an SMSF, you will also need to supply a copy of a bank statement of the Fund. If your rollover fund does not have an ABN, you will need to contact the fund directly to request evidence of their complying status, such as their notice of compliance.



## Step 6. Provide investment option details

Your withdrawal will normally be made in the same proportions as your selected investment options. However, you may elect 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*

High Growth

Balanced

Defensive

Indexed Growth

### Sector-specific options

Australian Shares

International Shares

Infrastructure

Property

Diversified Bonds

Cash & Term Deposits

**TOTAL**

%

%

%

%

%

%

1 0 0 %

## Step 7. Confirm if splitting contributions

Should you wish to split your super contributions with your spouse for the current or previous financial years, you will also need to complete and return a **Contribution splitting form** available at [ngssuper.com.au/forms](https://ngssuper.com.au/forms). Note that contributions splits cannot be processed after your benefit payment has been made, so it is important that any split request is lodged with (or before) these payment instructions.

Find out more in our fact sheet **Split super contributions with your spouse** available at [ngssuper.com.au/PDS](https://ngssuper.com.au/PDS)

- ☐ Tick here if you intend to lodge a split request either before or with this form.

## Step 8. Advise your tax file number on attached form (optional)

Should you choose not to provide your tax file number, additional tax may be deducted. Please refer to the **Providing your tax file number form** for details.



## 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](https://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 the processing delays of 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 ( <b>front and back</b> ) or passport). |
|                                                                                   | ← | Write or stamp 'certified true copy' of the original document.                                                       |
| <i>J. Sample</i>                                                                  | ← | The authorised person's signature.                                                                                   |
| Mr John Sample<br>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: 31/12/2023                                                                  | ← |                                                                                                                      |

#### 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.

## Step 10. Complete the checklist

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

Have you:

- ☐ provided your member details in **Step 1**?
- ☐ attached supporting documentation for any change of name, date of birth or address detailed in **Step 2**? Provided certification from two Legally Qualified Medical Practitioners (**Step 3 and 4**)
- ☐ provided complete payment instructions in **Step 5**?
  - ☐ If you are requesting payment via EFT, provided proof of your account details such as a statement that shows your BSB number, your bank account number and your account name **Step 5 option 1**.
- If you are transferring to a Self Managed Super Fund in **Step 5 option 2**, have you provided:
  - ☐ SMSF bank account statement?
  - ☐ Electronic Service Address?
- ☐ signed and dated the form in **Step 12**?

Continued over



## Step 11. Complete the checklist (continued)

### Completing proof of identity

- ☐ Have you attached the correct identification as outlined in **Step 9**? Select the identification you have provided:
- ☐ One primary identification document or
  - ☐ Two alternative identification documents (one from each of the lists specified)
- ☐ Is your identification current? If providing an Australian Passport, one that has expired within the last two years is acceptable.
- ☐ Is your document correctly certified? Ensure the certifier has included ALL of the following on each page:
- ☐ Written or stamped 'certified true copy'
  - ☐ Signature and printed name
  - ☐ Date — the date MUST be within twelve months of the date we receive your completed form
  - ☐ Qualification (such as Justice of the Peace, Australia Post employee with more than two years' continuous service, etc)

Please refer to [ngssuper.com.au/POI](https://ngssuper.com.au/POI) for more details on how to certify a document and a list of valid certifiers.

## Step 12. Sign the form

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

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

Signature

X

Date

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Send your completed form together with your proof of identity to:

**NGS Super**  
**GPO Box 4721**  
**MELBOURNE VIC 3001**

## Privacy Collection Statement

NGS Super Pty Limited ABN 46 003 491 487 collects personal information from you (or from third parties such as your employer or another super fund) to manage your NGS Super account, keep you informed, improve our products and services or take action on a matter you have contacted us about. If we don't have your personal information, we may not be able to perform these services. We may be authorised to collect your personal information by certain laws, including laws relating to superannuation, taxation and anti-money laundering/counter-terrorism financing.

We disclose personal information as required to manage the Fund, to service providers (including our administrator, our insurer and professional advisers), employers or parties required by law. Personal information may be accessed by service providers overseas. For offshore locations, details of how to access and change your personal information and the privacy complaints process, go to [ngssuper.com.au/pcs](https://ngssuper.com.au/pcs) and [ngssuper.com.au/privacy](https://ngssuper.com.au/privacy) or call us on **1300 133 177**.





## Tax file number notification

In line with the Superannuation Industry (Supervision) Act 1993, and various taxation acts, NGS Super is authorised to ask for your tax file number (TFN). NGS Super will only use your tax file number for lawful purposes. These purposes may change in the future if there are changes to legislation.

NGS Super may pass your tax file number to another superannuation provider to which your super is transferred in the future unless you request in writing that this not be done.

By providing your tax file number:

- NGS Super will be able to accept all types of eligible contributions made by or for you (some limits may apply)
- A higher tax rate will not be applied to your contributions. Members who have not provided their tax file number have a higher contribution tax applied.
- Other than tax that would ordinarily apply, no additional tax will be deducted from your super benefit,
- It will be easier for you to find your super and ensure that you receive all of your super benefits when you retire, and
- If you provide consent, we can use your tax file number to complete an ATO SuperMatch search to locate any super you may hold with the ATO or other super funds.

Choosing not to provide your tax file number is not an offence. However, if you don't provide your tax file number:

- we'll only be able to accept contributions made for you by your employer. No other contributions, for example after-tax contributions, can be accepted
- contributions will be taxed at a higher rate.
- you may pay more tax on your super benefit than you would otherwise.

If you wish to provide your TFN, please complete this form and return it with your **Request for withdrawal form**.

Please note that your signature will serve as an acknowledgment that you understand the circumstances in which your TFN may be collected and used.

Given names

Surname

Date

 /  / 

NGS member number

(select one option ☒)

☐ I have previously provided my TFN

☐ My TFN is  -  -  -

☐ I do not wish to provide my TFN

Signature

X

Date

 /  /