

Terminal Medical Condition Release Authority Form



(Superannuation account balance with no insurance)

1 February 2020

OnePath Custodians Pty Limited (OnePath Custodians, Trustee)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

Retirement Portfolio Service (Fund)

ABN 61 808 189 263, RSE R1000986

347 Kent Street, Sydney NSW 2000

Customer Services

Phone 133 665

Email customer@onepath.com.au

Website onepath.com.au

Instructions

- This form must be completed in full to enable processing of your release of superannuation account balance claim.
- The Trustee reserves the right to request further information including medical reports at your cost.
- Incomplete forms will result in a delay in processing your request.
- Please attach a separate page if you require more room for a particular answer.
- Please complete this form and send to OnePath, GPO Box 5306, Sydney NSW 2001

Part A of this document is to be completed by the Member, Part B by the treating medical attendant and Part C by the treating specialist medical attendant.

Work Item Number (WIN)

(If you have been provided with a WIN please provide details here.)

Part A: Member Statement for a Terminal Medical Condition Claim

1. Member details

To be completed by the member

Member Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Employer Plan name (if applicable)	<input type="text"/>		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr Other <input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Surname	<input type="text"/>	Given name(s) (including middle name)	<input type="text"/>
Residential address (this cannot be a PO Box)	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	Home <input type="text"/>	Business	<input type="text"/>
	Mobile <input type="text"/>	Fax	<input type="text"/>
Occupation	<input type="text"/>		

What is the medical condition diagnosed?

When did you first become aware of this condition?

When did you first seek treatment for this condition?

Names of two registered medical practitioners you have consulted.

Medical Practitioner's Name	<input type="text"/>		
Address	<input type="text"/>	Phone No.	<input type="text"/>
Medical Practitioner's Name	<input type="text"/>		
Address	<input type="text"/>	Phone No.	<input type="text"/>

2. Payment details

2.1 Payment instructions for member's superannuation account balance.

a. Lump Sum Payment

Name of financial institution	<input type="text"/>		
Branch	<input type="text"/>		
Account holder name(s)	<input type="text"/>		
BSB number	<input type="text"/>	Account number	<input type="text"/>

b. Rollover to another superannuation fund*

Name of receiving rollover institution	<input type="text"/>		
Australian Business Number (ABN)	<input type="text"/>		
Unique Superannuation Identifier (USI)	<input type="text"/>		
Account/Reference Number	<input type="text"/>		
Address of receiving rollover institution	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		
Contact Number of receiving financial institution	<input type="text"/>		

2.2 Payment amount (Lump Sum or Rollover payment only)

Please choose one payment method below.

a. Full Benefit

I would like to make a full payment of my benefit in the account. I am aware that any fees will be deducted before payment is made.

OR

b. Partial Benefit

I would like to make a partial payment of: \$

Please indicate below whether this amount is to be net or gross. Tick one of the following:

Net: I would like my payment to be net of fees. This means that the amount I have nominated is the exact amount that I will receive after any fees are deducted.

Gross: I would like my payment to be gross of fees. This means that the amount I have nominated is before any fees are deducted.

2.3 Tax File Number Declaration

Your Tax File Number - -

Information you should know about providing your Tax File Number (TFN)

You or your employer may already have provided your TFN to the Fund, if not, we are required to tell you the following details before you provide your TFN. Your TFN is confidential and you should know the following before you decide to provide it to the Trustee or a third party engaged by either the Trustee or a related party of the Trustee to provide superannuation administration services ("third party administrator") relating to this product:

- The Trustee and the third party administrator are authorised to collect your TFN under tax laws, the *Superannuation Industry Supervision Act 1993* and the *Privacy Act 1988*.
- If you do provide your TFN to the Trustee or the third party administrator, they will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation payment you may be entitled to.
- If you do provide your TFN to the Trustee or the third party administrator, they may provide it to the trustee of another superannuation fund or a RSA provider where the trustee or RSA provider is to receive your transferred benefits in the future.
- The Trustee or the third party administrator, will not pass your TFN to any other superannuation fund if you tell the Trustee or the third party administrator in writing that you do not want them to pass it on.
- The Trustee or the third party administrator may quote your TFN to the Australian Taxation Office (ATO) when reporting details of contributions for the purposes of the co-contribution, lost member reporting and monitoring of contribution caps and administration of the government co-contribution and low income superannuation contribution.

***Important note:** A terminal medical condition payment to another superannuation or pension fund is not a rollover superannuation benefit for taxation purposes. The payment is treated as if the member received it as a tax-free lump sum and made a personal contribution. Generally, the contribution is assessed against the non-concessional contributions cap or if a tax deduction has been claimed, the amount claimed is assessed against the concessional contributions cap. You should speak to your financial planner for further information on terminal medical condition payments, as consequences may apply.

Otherwise your TFN will be treated as confidential. You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give the Trustee or the third party administrator your TFN, either now or later:

- They may not be able to accept personal contributions.
- Additional taxes will apply to concessional contributions (including compulsory employer contributions).
- You may pay more tax than you have to when you withdraw your superannuation benefits (you may get this back at the end of the financial year in your income tax assessment).
- It may be difficult to locate or amalgamate your superannuation benefits in the future.

The purposes for which the Trustee or the third party administrator can use your TFN and the consequences of not providing it to them may change in the future as a result of changes to the law.

3. Declaration and Authorisation

Full name (please print) I,

declare that the information given in this form is true and correct in every detail. I authorise any person, hospital, doctor who has been or will be attending me, or any employer, or any insurer to furnish OnePath Custodians with any information that it may require in the consideration of this claim.

I acknowledge that I have read, and understood the 'Privacy Statement' in section 4 of this form. I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Policy which is located at onepath.com.au/superandinvestments/privacy-policy I understand that OnePath Custodians will not be able to process my claim without this information.

Signature of a person making declaration (sign clearly within box)

X

Date (dd/mm/yyyy) / /

Signature of witness (sign clearly within box)

X

Date (dd/mm/yyyy) / /

Name of witness

Part B – Medical Attendant’s Statement for a Terminal Medical Condition Claim

This form is Part B of the Terminal Medical Condition Release Authority Form. Your patient will submit all completed parts of the claim form (Part A – Member Statement, Part B – Medical Attendant’s Statement and Part C – Specialist Medical Attendant’s Statement) with all the requested additional information to OnePath in order for the claim to be considered.

You as the treating doctor must complete all sections in this Part B and provide all accompanying materials as requested. If you are unable to complete any section, provide written reasons for this.

Please note:

- There are information security risks associated with using email to send information.
- Print in black or blue ink.
- Please ensure questions are answered in full where possible. Incomplete and unanswered questions may result in your patient’s claim being delayed.
- Attach a separate page if more space for an answer is required and clearly indicate to which question the additional information relates.

If you require payment of a fee to complete Part B, payment of this is your patient’s responsibility and not that of their Superannuation Fund or Employer.

Patient’s full name	<input type="text"/>		
Patient’s address	<input type="text"/>		
	<input type="text"/>	Patient’s date of birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Diagnosis	<input type="text"/>	Date of diagnosis (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Has your patient had this or a similar condition previously?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If ‘yes’, please provide a brief history:

<input type="text"/>
<input type="text"/>
<input type="text"/>

In your opinion, does the patient suffer from an illness, or has incurred an injury, that is likely to result in their death within 24 months?

Yes No

Date you first formed this opinion (dd/mm/yyyy) / /

Comments

<input type="text"/>
<input type="text"/>
<input type="text"/>

Please note: that this completed form and any attached reports and information may be provided to your patient, other relevant medical practitioners as required, various industry bodies, the superannuation fund trustee (where relevant), Australian Financial Complaints Authority and/or the insured member’s employer (where relevant).

Declaration

I hereby declare that the information contained in this statement is true, complete and correct in every detail.

Signature of Medical Attendant

<input type="text"/>

Date (dd/mm/yyyy) / /

Name (please print)	<input type="text"/>		
Provider number	<input type="text"/>	Area of expertise	<input type="text"/>
Qualifications	<input type="text"/>		
Surgery address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Please attach the following items with the completed form:

- x-rays and other radiology reports, pathology and other test results
- copies of recent medical reports in respect of the claimed condition.

Part C – Specialist Medical Attendant’s Statement for Terminal Medical Condition Claim

This form is Part C of the Terminal Medical Condition Release Authority Form. Your patient will submit all completed parts of the claim form (Part A – Member Statement, Part B – Medical Attendant’s Statement and Part C – Specialist Medical Attendant’s Statement) with all the requested additional information to OnePath in order for the claim to be considered.

You as the specialist treating doctor must be a specialist in the field of medicine for the illness or injury for which your patient is making a claim and must complete all sections, providing all accompanying materials as requested in Part C. If you are unable to complete any section, provide written reasons for this.

Please note:

- There are information security risks associated with using email to send information.
- Print in black or blue ink.
- Please ensure questions are answered in full where possible. Incomplete and unanswered questions may result in your patient’s claim being delayed.
- Attach a separate page if more space for an answer is required and clearly indicate to which question the additional information relates.

If you require payment of a fee to complete Part C, payment of this is your patient’s responsibility and not that of their Superannuation Fund or Employer.

Patient’s full name	<input type="text"/>		
Patient’s address	<input type="text"/>		
	<input type="text"/>	Patient’s date of birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Diagnosis	<input type="text"/>	Date of diagnosis (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
In your opinion, does the patient suffer from an illness, or has incurred an injury, that is likely to result in their death within 24 months?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date you first formed this opinion (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Comments	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Please note: that this completed form and any attached reports and information may be provided to your patient, other relevant medical practitioners as required, various industry bodies, the superannuation fund trustee (where relevant), Australian Financial Complaints Authority, and/or the insured member’s employer (where relevant).

Declaration

I hereby declare that the information contained in this statement is true, complete and correct in every detail.

Signature of Medical Attendant

<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Name (please print)	<input type="text"/>		
Provider number	<input type="text"/>	Area of expertise	<input type="text"/>
Qualifications	<input type="text"/>		
Surgery address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Please attach the following items with the completed form:

- x-rays and other radiology reports, pathology and other test results
- copies of recent medical reports in respect of the claimed condition.

4. Privacy Statement

In this section 'we', 'us' and 'our' refers to OnePath Custodians and other members of the IOOF Group.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details, how we manage your personal information (including health and other sensitive information), is available on request or may be downloaded from onepath.com.au/superandinvestments/privacy-policy

We collect your personal information (including health and other sensitive information) from you in order to manage and administer our products and services and we may need to disclose it to certain third parties. Without your personal information, we may not be able to process your application/contributions or provide you with the products or services you require.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud,
- our related companies which will use the information for same purposes as us and will act under our privacy policy,
- organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions and undertake analytics activities,
- organisations performing administration and compliance functions in relation to the products and services we provide,
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers),
- our solicitors or legal representatives,
- organisations maintaining our information technology systems,
- organisations providing mailing and printing services, persons who act on your behalf (such as your agent or financial adviser),
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

The *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund

There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in OnePath's Privacy Policy at onepath.com.au/superandinvestments/privacy-policy

Overseas recipients

We may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia. You can find details about the location of these recipients in our Privacy Policy at onepath.com.au/superandinvestments/privacy-policy

Marketing & privacy

We and other members of the IOOF Group may use your personal information (including health and other sensitive information) to send you information about our financial products or services from time to time. We may also disclose your personal information (including health and other sensitive information) to our related companies and organisations in an arrangement or alliance with us to share information for marketing purposes. This is to enable them or us to tell you about a product or service offered by them or a third party with whom they have an arrangement.

If you do not want us to use and disclose your information as set out above, phone Customer Services on 133 665 to withdraw your consent.

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information (including health and other sensitive information) about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

Privacy policy

Our Privacy policy contains information about:

- when we may collect information from a third party,
- how you may access and seek correction of the personal information we hold about you,
- and how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

OnePath

Phone 133 665

GPO Box 5367

Sydney NSW 2001

Email: superprivacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed please let us know by contacting Customer services.

More information can be found in our Privacy Policy which can be obtained from our website at onepath.com.au/superandinvestments/privacy-policy