

ISSUED 1 NOVEMBER 2023
FUND ABN 45 960 194 277 | USI 45 960 194 277 020

Complete this form to apply to make a withdrawal from your Verve Super account due to having a terminal medical condition.

This form and accompanying documents can be posted to **Verve Super, GPO Box 2753, Brisbane QLD 4001** or scanned and emailed to hello@vervesuper.com.au.

Before submitting this form, please ensure that you understand how tax might apply to the withdrawn amount and how making a withdrawal from your super can impact the balance available to you in retirement. You can find detailed information about Verve Super in our **Product Disclosure Statement (PDS)**, **Target Market Determination (TMD)**, **Additional Information Booklet**, **Insurance Guide**, and **Financial Services Guide**, all of which can be obtained from www.vervesuper.com.au or on request by phoning **1300 799 482**.

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 have a terminal medical condition.

ARE YOU ELIGIBLE?

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

- Two registered medical practitioners must certify, jointly or separately, that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 24 months of the date of certification;
- At least one of the registered medical practitioners must be a specialist practicing in an area related to your illness or injury; and
- The certification period must not have ended for each of the certificates. (The certification period is 24 months from the date of certification.)

If you answered yes to all three statements above, you are eligible to apply.

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@vervesuper.com.au or on **1300 799 482**.

Helpful Information

How Much of Your Superannuation Benefit Can Be Released?

If you satisfy this condition of release, any benefits that have accrued up to and including the certification period become unrestricted non-preserved benefits, which means that the balance of your account can be accessed as a tax-free super lump sum payment during the certification period. Any balance remaining in your account after the certification period ends can be accessed as a lump sum payment at any time but may not be tax-free.

Any benefits that accrue after the certification period end are not covered by this condition of release.

What Happens If The Application Process Is Not Completed Before Your Death?

Our **Non-Lapsing Binding Beneficiary Form** available from www.vervesuper.com.au allows you to nominate who will receive your death benefit (the balance of your super account and any amount that you are insured for). Completing this form and returning it to us will ensure that we can pay any benefit from a successful claim that is not processed until after your death to your nominated beneficiaries as quickly as possible.

Do You Hold Death Insurance Cover Through the Fund?

Insurance cover for terminal illness is provided as part of the Death insurance cover you may hold through Verve Super. If you hold Death insurance cover through Verve Super, 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@vervesuper.com.au or on **1300 799 482**.

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** available from www.vervesuper.com.au.

Ensure your application is complete

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

SURNAME

MEMBER NUMBER

DATE OF BIRTH (DD/MM/YYYY)

 / /

MOBILE PHONE

EMAIL ADDRESS*

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

*By providing your email address, you consent and authorise us to send you communications, including information required by law, in electronic format (email or similar technologies) whenever possible. You can elect to receive communications by post at any time by contacting Verve Super on **1300 799 482** or by email at **hello@vervesuper.com.au**.

Section 2: Diagnosis

Please provide a summary of your medical condition (illness, injury or disability), and how it impacts on your capacity to work. Please attach a separate page to this form if more room is required.

Section 3: Withdrawal Information

Do you wish to withdraw your entire account balance?

YES

NO

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

If no, how much would you like to withdraw?

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

Please specify your bank account details.

We generally only make payments into an Australian bank account that's in your name or held jointly in your name with another person.

ACCOUNT NAME*

NAME OF FINANCIAL INSTITUTION

BSB

ACCOUNT NUMBER

*Please provide a copy of your bank statement which is less than 12 months old, showing your account details and full name (transaction history can be redacted).

Section 5: Verification of Identity

Please select one of the two options below.

OPTION 1 – I want to attach paper copies of 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** available from www.vervesuper.com.au.

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.

OPTION 2 – I want to use electronic verification

You must provide all requested details for **at least two of the forms of ID listed on the following page** (if you are unable to provide this information you will need to provide certified ID as per option 1).

If the information that you provide is incorrect, we will not be able to action your withdrawal request until you have provided us with the correct information that we require.

Application for Early Release of Super – Terminal Medical Condition

By electing to verify my ID electronically, I consent to the collection, use and disclosure of my personal information in accordance with Verve Super's **Privacy Policy**. I consent to my personal information being disclosed to a credit reporting agency and/or my information being checked with the document issuer or official record holder for the purpose of verifying my identity.

AUSTRALIAN PASSPORT Please complete the details exactly as they appear on your Passport

PASSPORT NUMBER

FIRST NAME

LAST NAME

DATE OF BIRTH

/ /

SEX

MEDICARE CARD Please complete the details exactly as they appear on your Medicare Card

CARD NUMBER

REFERENCE NUMBER

FIRST NAME

LAST NAME

DATE OF BIRTH

/ /

CARD EXPIRY DATE

/

AUSTRALIAN DRIVERS LICENCE Please complete the details exactly as they appear on your Licence

LICENCE NUMBER

STATE OF ISSUE

FIRST NAME

LAST NAME

DATE OF BIRTH

/ /

CARD NUMBER (IF APPLICABLE)

Section 5: Declarations and Signature

By completing this form, I declare that:

- I have made an informed decision because I have read and understood the Product Disclosure Statement and all related documents to which this early release application applies, as available at www.vervesuper.com.au.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment request.
- I have attached all additional documents as requested in this form that are applicable to my application.
- All of the details I have provided are true and correct.
- I have read the Privacy Statement (below) and consent to Verve Super using my personal information for the purposes as stated.
- I understand that I can request appropriate information that I may reasonably require from Verve 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.

SIGNATURE*

.....
* This form accepts an electronic signature or an original 'wet' signature.

PRINT NAME

DATE

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PRIVACY STATEMENT: By signing this form you consent to Verve 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 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. For more information about how your personal information is handled, please view our Privacy Policy at www.vervesuper.com.au, phone 1300 799 482 or email us at hello@vervesuper.com.au. The Trustee's privacy statement can be found at www.eqt.com.au/global/privacystatement.

PROCESSING CHECKLIST

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

- | | |
|--|--|
| Form completed and signed | General practitioner report completed |
| Verification of ID completed | Medical specialist report completed |
| Statutory declaration completed and signed | A copy of your bank statement showing your account details and full name |

Medical Practitioner Report Form

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 a terminal medical condition. 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 exact diagnosis of the terminal medical condition?

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

What date was this diagnosis made?

 / /

Do you believe that the member has an injury or illness that is likely to lead to their death within 24 months from the date of this report?

YES

NO

Application for Early Release of Super – Terminal Medical Condition

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

NAME

PROVIDER NUMBER

QUALIFICATIONS

PHONE NUMBER

EMAIL ADDRESS*

*By providing your email address, you consent and authorise us to send you communications, including information required by law, in electronic format (email or similar technologies) whenever possible. You can elect to receive communications by post at any time by contacting Verve Super on **1300 799 482** or by email at hello@vervesuper.com.au.

SIGNATURE*

.....

* This form accepts an electronic signature or an original 'wet' signature.

PRINT NAME

DATE

 / /

Specialist Practitioner Medical Report Form

This form must be completed by a **registered specialist medical practitioner**.

MEMBER NAME

MEMBER NUMBER

This member has applied for the early release of their superannuation benefit on the grounds of a terminal medical condition. 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 a specialist medical practitioner practicing in an area related to the illness or injury suffered by the member?

YES

NO

What is the exact diagnosis of the terminal medical condition?

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

What date was this diagnosis made?

 / /

Do you believe that the member has an injury or illness that is likely to lead to their death within 24 months from the date of this report?

YES

NO

Application for Early Release of Super – Terminal Medical Condition

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

NAME

PROVIDER NUMBER

QUALIFICATIONS

PHONE NUMBER

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SIGNATURE*

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* This form accepts an electronic signature or an original 'wet' signature.

PRINT NAME

DATE

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