

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 permanent incapacity.

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Before submitting this form, please ensure that you understand how tax might apply to the withdrawn amount and how making a withdrawal from your super can impact the balance available to you in retirement.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 are permanently incapacitated.

ARE YOU ELIGIBLE?

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

- 'Permanent incapacity' means that illness or injury has rendered you unlikely to ever again engage in gainful employment for which you are reasonably qualified by education, training or experience.
- If you have **permanently ceased all employment because of illness or injury**, you are eligible to make a claim for early release of your superannuation because of permanent incapacity.
- 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**.

DO YOU HOLD TPD INSURANCE COVER THROUGH THE FUND?

You may hold Total and Permanent Disability (TPD) insurance cover through Verve Super. If you do, 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**.

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.

WANT YOUR APPLICATION TO BE ASSESSED QUICKLY?

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

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: Employment Status

'Permanent incapacity' refers to the early release of your preserved superannuation benefit on the grounds of illness or injury which renders you unlikely to ever again engage in gainful employment* for which you are reasonably qualified by education, training or experience.

* Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, calling, occupation or employment.

Have you permanently ceased all employment?

YES

NO

If you answer 'no' to this question, you cannot make a claim for early release of your superannuation because of permanent incapacity.

Section 3: 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 4: 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.

ACCOUNT NAME*

NAME OF FINANCIAL INSTITUTION

BSB

ACCOUNT NUMBER

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

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 – Permanent Incapacity

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 6: 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, available at www.vervesuper.com.au.
- All of the details I have provided are true and correct.
- I acknowledge that the details I have included will be used for the purpose of processing a benefit payment.
- I have attached all additional documents as requested in this form that are applicable to my application.
- 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.
- I have read the Privacy Statement (below) and consent to Verve Super using my personal information for the purposes as stated.

SIGNATURE*

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

PRINT NAME

DATE

 / /

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

Verification of ID completed

Statutory declaration completed and signed

Medical reports completed by two independent registered medical practitioners

A copy of your bank statement showing your account details and full name

Medical Report Form For Permanent Incapacity Claim

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 permanent incapacity. 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

When did the member first consult you regarding the disability?

 / /

Please provide the member's date of disablement.

 / /

What is the nature of the member's present disability?

Please provide details of the member's present medical condition and any valid historical context. Please attach a separate page to this form if more room is required.

I, the undersigned, hereby certify that the above-named Verve Super member is suffering from an illness or injury which renders them unlikely to ever again engage in gainful employment for which they are reasonably qualified by education, training or experience.

NAME

QUALIFICATIONS

PROVIDER NUMBER

PHONE NUMBER

EMAIL ADDRESS*

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SIGNATURE*

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Are you the member's usual medical practitioner?

YES

NO

When did the member first consult you regarding the disability?

 / /

Please provide the member's date of disablement.

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SIGNATURE*

.....
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PRINT NAME

DATE

 / /

Early Release Of Benefit Due To Permanent Incapacity - Statutory Declaration

Commonwealth of Australia Statutory Declaration – Statutory Declaration Act 1959

I (insert name)

of (insert address)

as a (insert occupation)

do solemnly and sincerely declare that the information provided by me in the 'Application for Early Release of Super due to Permanent Incapacity Form' annexed to this Statutory Declaration is true and correct.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended (the Act) and subject to the penalties* provided in that Act for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signed

Signature of person making the declaration. **Please ensure that this is an original signature. We are unable to accept electronic signatures. Please sign in front of an authorised witness..**

Declared at

Location

On / /

Date

Authorised witness before me

Name of authorised witness. **Note the authorised witness must be either a Justice of the Peace, Doctor, Pharmacist or Australia Post Officer.**

Signed

Signature of authorised witness. **Please ensure that this is an original signature. We are unable to accept electronic signatures. Please sign in front of an authorised witness.**

Qualifications of authorised witness

Contact number of authorised witness

*A person who intentionally makes a false statement in a Statutory Declaration made under the Statutory Declaration Act 1959 (as amended) is guilty of an offence against this Act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding 6 months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.