

GROSVENOR PIRIE MASTER SUPERANNUATION FUND – SERIES 2

Trust Company Superannuation Services Limited

Trustee:

ABN: 49 006 421 638

AFSL: 235153

Trustee No.: L0000635

Fund:

ABN: 32 367 272 075

SPIN: TCS0004AU

Fund Registration No.: R1001204

**EARLY RELEASE OF BENEFIT DUE TO
PERMANENT INCAPACITY FORM**

Part I.

1. Member details

Print in block letters (Note: all fields are mandatory)

Mr Mrs Ms Miss

Surname

First Name

Given Names

Postal Address (number and street name)

Suburb

State

Postcode

Grosvenor Pirie Master Superannuation Fund – Series 2 : Membership Number

 6 6 0 - -

E-mail Address

Daytime Contact Number

Date of Birth

Mobile Number

By completing this form, you are providing personal information to Grosvenor Pirie. Information you have provided to the Trustee will not be made available to any other person. We may disclose the personal information to the family court (if you are involved in a case before it and we are legally required to do so) and as otherwise required by law.

2. Diagnosis

Please list all medical conditions (illness, injury or disability) which impact on your capacity to work:

NOTE: This application form must be accompanied by:

- Part II: Statutory Declaration, with signature and details of the authorised witness. If the witness to your signature on the form is not an *authorised* witness the form cannot be considered as being legally valid and your request for early release of Superannuation Benefits will not be processed.
- Certificate by a Registered Medical **Specialist**.
- Certificate by a Registered Medical **Practitioner**.

EARLY RELEASE OF BENEFIT DUE TO PERMANENT INCAPACITY

GROSVENOR PIRIE MASTER SUPERANNUATION FUND – Series 2
 Trustee: Trust Company Superannuation Services Limited

Issued: 1st Feb 2009
 Form No: 660-14

This certificate to be completed by a registered medical specialist.

Member Name:	
Membership Number:	

I, the undersigned, understand that the abovementioned, being a member of the Grosvenor Pirie Master Superannuation Fund- Series 2, has ceased to be gainfully employed and has made claim on the Fund for payment of his / her benefit on the grounds of permanent incapacity.

The member’s permanent incapacity has been caused by:


In accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations (Regulation 6 01 (2) and the Income Tax Assessment Act 1936 (Section 27G) covering payment of benefits due to permanent incapacity, I certify that in my opinion, the abovementioned member is unlikely ever again to engage in gainful employment for which he / she is reasonably qualified by education, training or experience.

Name: _____


Qualifications: _____

Address _____

Phone: _____



 Signature of Qualified person



 Date

Please return completed form to Grosvenor Pirie Management Limited, GPO Box 263, Sydney NSW 2001

EARLY RELEASE OF BENEFIT DUE TO PERMANENT INCAPACITY

GROSVENOR PIRIE MASTER SUPERANNUATION FUND – Series 2
 Trustee: Trust Company Superannuation Services Limited

Issued: 1st Feb 2009
 Form No: 660-14

This certificate to be completed by a registered medical practitioner.

Member Name:	
Membership Number:	

I, the undersigned, understand that the abovementioned, being a member of the Grosvenor Pirie Master Superannuation Fund- Series 2, has ceased to be gainfully employed and has made claim on the Fund for payment of his / her benefit on the grounds of permanent incapacity.

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In accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations (Regulation 6 01 (2) and the Income Tax Assessment Act 1936 (Section 27G) covering payment of benefits due to permanent incapacity, I certify that in my opinion, the abovementioned member is unlikely ever again to engage in gainful employment for which he / she is reasonably qualified by education, training or experience.

Name: _____


Qualifications: _____

Address: _____

Phone: _____



 Signature of Qualified person



 Date

Please return completed form to Grosvenor Pirie Management Limited, GPO Box 263, Sydney NSW 2001

STATUTORY DECLARATION

I *(insert name)*.....
Of *(insert address)*.....
(insert occupation)..... do solemnly and sincerely declare that the information provided by me in the ‘Early Release of benefit due to Permanent Incapacity Form – Part I’ annexed to this Statutory Declaration is true and correct.

I also declare that I am unable to engage in gainful employment for which I am reasonably qualified by education, training or experience.

I make this solemn declaration by virtue of the *Statutory Declaration Act 1959* as amended and subject to the penalties¹ 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 sign in front of an authorized witness)

Declared at*(location)*

on *(date)*

Authorized witness before me*(name of authorized witness – please PRINT. Note the authorized witness must be either a: Justice of The Peace, Doctor, pharmacist or Australia Post Officer)*

X.....*(signature of person before whom the Declaration is made)*

X.....*(insert qualifications and address of person before whom the declaration is made)*

.....

¹ - A person who wilfully makes a false statement in a Statutory declaration 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.