



## VOYAGE MEDICAL PRACTITIONER STATEMENT AND MEMBER DECLARATION

Oasis Fund Management Limited (Trustee) ABN 38 106 045 050 AFSL 274331 RSE L0001755 is Trustee of the Oasis Superannuation Master Trust (Trust) ABN 81 154 851 339, RSE R1004939

### Early release of superannuation benefits due to permanent incapacity or a terminal medical condition

#### What action do members need to take?

If a member wishes to apply for early release of their superannuation benefits due to permanent incapacity or a terminal medical condition, the following instructions will help them provide correct information to the trustee, Oasis Fund Management Limited when completing the application form.

The member has two payment options upon satisfying the permanent incapacity condition of release:

- lump sum, or
- pension.

If the member satisfies the terminal medical condition of release, their benefits can only be paid as a lump sum.

#### Permanent incapacity – lump sum

For members seeking early release due to permanent incapacity, they must:

- provide a completed *Superannuation Withdrawal* form
- declare that they are 'requesting the benefit be paid because of disability' by completing and signing section 1 of the below form
- provide two Medical Practitioner Statements and member declaration forms which have been completed and signed by the member and by separate registered medical practitioners. The medical practitioners will be required to state that in their opinion, the member is:

unlikely, because of ill-health, to ever engage in gainful employment for which they are reasonably qualified by education, training or experience.

#### Permanent incapacity – pension

For members seeking to commence a pension due to permanent incapacity, they must:

- provide a completed pension account application form
- declare that they are 'requesting the benefit be paid because of disability' by completing and signing section 1 of the below form
- provide two Medical Practitioner Statements and member declaration forms which have been completed and signed by the member and by separate registered medical practitioners. The medical practitioners will be required to state that in their opinion, the member is:

unlikely, because of ill-health, to ever engage in gainful employment for which they are reasonably qualified by education, training or experience.

## The following is applicable to both permanent incapacity lump sums and pensions

### Other requirements by the Trustee

The Medical Practitioner Statements the member obtains and submits with their application for early release must:

- be dated and signed within the last six months
- indicate how long the member has been a patient of the respective doctor(s)
- indicate the member has been in consultation with the medical practitioner(s) for a minimum of six months (not applicable to medical specialists).

In addition:

- the Medical Practitioner Statements must be a full diagnosis of the member's condition and state the doctor's medical opinion as to whether the patient can or cannot undertake gainful employment he or she is reasonably qualified by education, training or experience
- the trustee will not accept notification that the member has previously been granted a disability benefit.

### Trustee considerations

Upon the receipt of completed documentation, the trustee will consider the member's application.

## Terminal medical condition

For members seeking early release due to a terminal medical condition, the member must complete the *Superannuation Withdrawal* form and provide the following signed Medical Practitioner Statements:

- a Medical Practitioner Statement signed by a registered medical practitioner who is a specialist practicing in an area relating to the member's condition, and
- a Medical Practitioner Statement signed by a registered medical practitioner who the member has been in consultation with for a **minimum of six months** (not applicable to medical specialists).

**Note:** The medical practitioners will be required to state that in their opinion the member is:

suffering from an illness, or has incurred an injury, that is likely to result in their death within (a specified period of no more than 24 months).

### Other requirements by the Trustee

The Medical Practitioner Statements the member obtains and submits with their application for early release must:

- be dated and signed within the last six months
- indicate how long the member has been a patient of the respective doctor(s)
- indicate the member has been in consultation with the medical practitioner(s) for a **minimum of six months** (not applicable to medical specialists).

### Trustee considerations

Upon receipt of completed documentation, the trustee will consider the member's application.

# MEDICAL PRACTITIONER STATEMENT AND MEMBER DECLARATION

## VOYAGE SUPERANNUATION MASTER TRUST




Oasis Fund Management Limited (Trustee) ABN 38 106 045 050 AFSL 274331 RSE L0001755 is Trustee of the Oasis Superannuation Master Trust (Trust) ABN 81 154 851 339, RSE R1004939

In accordance with superannuation law, Voyage may allow members to access their preserved benefits in certain limited circumstances before reaching their preservation age, retiring or reaching age 65. These conditions of early release include terminal medical condition or permanent incapacity.

The Trustee of this product (Oasis Fund Management Limited) requires the information requested in this medical practitioner statement and member declaration to make a decision about your claim for the release of your preserved superannuation benefit entitlement on grounds of Permanent Incapacity. It will not be used for any other purpose. The Trustee will be unable to reach a decision without it.

**Please note:**

- the issue of this form does not constitute an admission of liability by the superannuation fund
- that further information and/or documentation may be requested by Oasis Fund Management Limited as part of our assessment.

 Any amendments to this form must be **signed** in full by the member.

PLEASE USE BLACK INK

### 1 Member declaration – only to be completed by the member if applying for permanent incapacity

If applying based on a terminal medical condition, do not complete this section. Ensure that sections 2 to 4 are completed by the member's doctor.

Account number:

Account name:

Residential address:

Suburb:  State:  Postcode:

Country:

Date of birth:    Contact telephone number:

#### Education and training

What professional, training, courses, skills or trade qualifications do you have?

Please provide any other details that you believe may help the trustee to reach a decision?

#### Experience

What is your regular occupation?

#### Previous employment 1

From:    To:    Employer:

Description of position:

Responsibilities:

## Member declaration – only to be completed by the member if applying for permanent incapacity (continued)

### Previous employment 2

From:    To:    Employer:

Description of position:

Responsibilities:

### Previous employment 3

From:    To:    Employer:

Description of position:

Responsibilities:

### Previous employment 4

From:    To:    Employer:

Description of position:

Responsibilities:

### Previous employment 5

From:    To:    Employer:

Description of position:

Responsibilities:

### Your condition

Please state the nature of the condition(s) which has caused you to cease work

Please provide the names of two registered medical practitioners you have consulted

Medical practitioner 1:

Medical practitioner 2:

### Member declaration – permanent incapacity

If the member is requesting the benefit be paid because of disability, please complete the following request to inform the trustee of your entitlement to the disability superannuation benefit tax concessions:

- I declare that due to ill-health, it is unlikely that I will ever engage in gainful employment for which I am reasonably qualified by education, training or experience
- where my application for access to benefits is successful, I request that my benefit be paid due to disability
- 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 Pty Limited any information that it may require in the consideration of this claim
- I accept that the collection, use and disclosure of my personal information is necessary for the purpose of administering my claim. I understand that the OnePath Custodians Pty Limited will not be able to process my claim without this information
- I make this declaration according to the law, and understand it will be relied upon by the trustee and there may be penalties for any false statements, and
- I agree to retain the original form if I am submitting this form to Voyage via electronic means and will provide to Voyage upon request.

### Signature of member

Date:

Member name:

**!** Please note the member's doctor is to complete sections 2 to 4.

## 2 Medical practitioner statement – patient details

Title:	<input type="text"/>	Full given name(s):	<input type="text"/>		
Surname:	<input type="text"/>		Date of birth:	<input type="text"/>	<input type="text"/>
Account number:	<input type="text"/>	Contact telephone number:	<input type="text"/>		
Street name and number:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Country:	<input type="text"/>				

## 3 Details of illness or injury

**!** IMPORTANT: Please note that the below "Date" fields are mandatory and to be completed by the medical practitioner only.

Date the said person became a patient of yours:

Date the said person first consulted you in respect of their illness or injury:

What is the nature of the said person's illness or injury? *Provide current medical condition and where possible, the history of the illness or injury.*

What treatment is the said person currently receiving in relation to their condition?

What has been the resulting effect or impact that the condition has had on the said person?

**Permanent Incapacity**

Is the said person unlikely, because of ill-health, to ever engage in gainful employment for which they are reasonably qualified by education, training or experience?  Yes  No

Date the said person became unlikely, because of ill-health, to ever engage in gainful employment for which they are reasonably qualified by education, training or experience (for permanent incapacity only):

## 4

## Declaration

I, a registered Medical Practitioner (undersigned), certify that in my opinion the said person identified above, would be classified as meeting one of the following (please check one of the following A or B only):

A.  **Terminal medical condition:** The said person suffers from an illness, or has incurred an injury, that is likely to result in the death of the said person within a period of

months

B.  **Permanent incapacity (for early release of superannuation):** The said person is unlikely, because of ill-health (whether physical or mental), to ever engage in gainful employment for which the person is reasonably qualified by education, training or experience

Signature of Medical Practitioner:

Date:




Name of practitioner:

Qualification/specialty:

Provider/Registration number

Practitioner's phone number

Medical practitioner's stamp:

Please complete and return the form to **Voyage, GPO Box 3154, Sydney NSW 2001**, or via email to [voyage@wrapinvest.com.au](mailto:voyage@wrapinvest.com.au) or via fax to **1800 097 234**.

If you have any queries about completing this form please contact us on **1800 892 364**.