



# Application for payment of ATO-held superannuation money

## COMPLETING YOUR APPLICATION

If you are filling in this form on screen:

- when completed, print form
- sign and date the declaration
- attach supporting documentation, if required
- obtain the declaration by two registered (legally qualified) medical practitioners, at least one of whom is a specialist practicing in an area related to the illness or injury suffered by the person
- ensure your name and tax file number are both written on your supporting documentation
- mail your completed form to the address shown on page 6.

You can submit your application online via myGov.

If submitting under Terminal medical condition / permanent incapacity / permanent invalidity / disability, scan and attach completed Section C Medical certification or supporting documentation.

If you are filling in this form by hand:

- print clearly in BLOCK LETTERS using a black or dark blue pen only
- place **X** in the applicable boxes
- sign and date the declaration at the end of the form
- attach supporting documentation, if required
- mail your completed form to the address shown on page 6.

I have read the attached supporting information and confirm I am eligible to receive a direct payment and have provided supporting documentation if required.

## Section A: Authority

### 1 What authority do you have to apply for payment of super?

- I am the account holder.
- I am authorised to act on behalf of the account holder.
- I am the legal personal representative of the account holder who is deceased.

➤ For the purpose of this form 'account holder' means the person in whose name the super is held. 'Third party applicant' means the person applying for the payment of the super (the authorised person or beneficiary).

## Section B: Account holder's details

### 2 Tax file number

! We are authorised by the *Taxation Administration Act 1953* to request your tax file number (TFN). It is not an offence not to quote your TFN but not providing it may lead to delays in processing your claim.

### 3 Name

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name/s

### 4 Date of birth / /

**5 Residential address**

[Empty address line]

Suburb/town/locality

State/territory

Postcode

[Empty suburb/town/locality field]

[Empty state/territory field]  
(Australia only)

[Empty postcode field]  
(Australia only)

Country if outside Australia

[Empty country field]

**6 Postal address**

[Empty postal address line]

Suburb/town/locality

State/territory

Postcode

[Empty suburb/town/locality field]

[Empty state/territory field]  
(Australia only)

[Empty postcode field]  
(Australia only)

Country if outside Australia

[Empty country field]

**7 How can we contact you or leave a message if we need more information?**

A contact number must be provided.

Daytime phone number

After hours phone number

(Country code) (Area code) (Phone number)

(Country code) (Area code) (Phone number)

[Empty daytime phone number field]

[Empty after hours phone number field]

Mobile phone number

(Country code) (Mobile number)

[Empty mobile phone number field]

Email address

[Empty email address field]

**8 Are you claiming under a terminal medical condition or permanent incapacity / permanent invalidity / disability?**

No  If you're a 'third party applicant' – go to section D. If you're the 'account holder' – go to section E.

Yes  Indicate the reason for application and complete section C: Medical certification.

**Reason for application**

I am applying for my superannuation entitlements on the grounds of a terminal medical condition.

I have completed below or attached certification from two registered (legally qualified) medical practitioners, at least one of whom is a specialist practicing in an area related to my illness or injury, stating my condition is likely to result in my death within 24 months.

OR

I am applying for my superannuation entitlements on the grounds of permanent incapacity / permanent invalidity / disability (whichever is relevant).

I have completed below or attached certification from two registered (legally qualified) medical practitioners stating my permanent incapacity / permanent invalidity / disability is likely to result in me being unable ever to be employed in a capacity for which I am reasonably qualified through my education, training or experience.

## Section C: Medical certification

### MEDICAL PRACTITIONER 1

**Registered (legally qualified) medical practitioner (terminal medical condition – specialist practicing in an area related to the illness or injury suffered by the person) / registered (legally qualified) medical practitioner (permanent incapacity / permanent invalidity / disability)**

I certify that

is suffering from a terminal medical condition that is likely to result in the patient's death within 24 months.

The date the patient was diagnosed with a terminal medical condition was <sup>Day</sup> / <sup>Month</sup> / <sup>Year</sup>

OR

is suffering from a medical condition that is likely to result in the patient being unable to ever be employed in a capacity for which he/she is reasonably qualified through education, training or experience.

The start date of the patient's retirement due to permanent incapacity / permanent invalidity / disability was <sup>Day</sup> / <sup>Month</sup> / <sup>Year</sup>

Field of specialty

Australian Health Practitioner Regulation Agency (AHPRA) registration number

Name (Print in BLOCK LETTERS)

Signature

Date

<sup>Day</sup> / <sup>Month</sup> / <sup>Year</sup>

### MEDICAL PRACTITIONER 2

**Registered (legally qualified) medical practitioner (terminal medical condition) / registered (legally qualified) medical practitioner (permanent incapacity / permanent invalidity / disability)**

I certify that

is suffering from a terminal medical condition that is likely to result in the patient's death within 24 months.

The date the patient was diagnosed with a terminal medical condition was <sup>Day</sup> / <sup>Month</sup> / <sup>Year</sup>

OR

is suffering from a medical condition that is likely to result in the patient being unable to ever be employed in a capacity for which he/she is reasonably qualified through education, training or experience.

The start date of the patient's retirement due to permanent incapacity / permanent invalidity / disability was <sup>Day</sup> / <sup>Month</sup> / <sup>Year</sup>

Field of specialty

Australian Health Practitioner Regulation Agency (AHPRA) registration number

Name (Print in BLOCK LETTERS)

Signature

Date

<sup>Day</sup> / <sup>Month</sup> / <sup>Year</sup>

**9 Have you previously held a temporary visa?**

No  If you're a 'third party applicant' – go to section D. If you're the 'account holder' – go to section E.

Yes  Go to section E: Payment details.

**Working Holiday Makers (WHM)**

We will check your visa information with the Department of Home Affairs.

If you have held a Working Holiday visa subclass 417 or 462, your super may be taxed at the 65% rate.

For further information, visit our website at [ato.gov.au/departaustralia](http://ato.gov.au/departaustralia)

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**Section D: Third party applicant's details**

**10 Organisation** (if relevant)

  

**Name**

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name(s)

**11 Date of birth**  Day /  Month /  Year

**12 Tax file number**

Provide your TFN if you are claiming as a beneficiary

  

**!** We are authorised by the *Taxation Administration Act 1953* to request your tax file number (TFN). It is not an offence not to quote your TFN but not providing it may lead to delays in processing your claim.

**13 Residential address**

  

Suburb/town/locality

State/territory   
(Australia only)

Postcode   
(Australia only)

Country if outside Australia

**14 Postal address**

  

Suburb/town/locality

State/territory   
(Australia only)

Postcode   
(Australia only)

Country if outside Australia

**15 How can we contact you if we need more information?**

A contact number must be provided.

Daytime phone number

(Country code) (Area code) (Phone number)

After hours phone number

(Country code) (Area code) (Phone number)

Mobile phone number

(Country code) (Mobile number)

Email address

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**Section E: Payment details**

If you are a former temporary resident, direct payment will be made to an Australian financial institution account where the ATO holds valid account details for you. Alternatively you can have the funds paid directly to another valid Australian financial institution, if you complete the details below.

If you do not have a valid Australian financial institution account, payment will be made by cheque (in Australian dollars) to your postal address provided at question 6 on this claim form.

If the account holder is deceased and you are the legal personal representative, payment will be made by cheque unless an account has been specifically set up for the deceased estate. The cheque will be made payable to the "Executor for <name of the deceased person>".

**16 Electronic Funds transfer (EFT)**

Provide your Australia financial institution details to have your refund paid directly to you. It's faster and simpler to have your refund paid in this way. Complete the following details.

BSB number (must be 6 digits)

Account number (maximum of 9 digits)

Full account name – for example, JQ Citizen. Do not show the account type, such as cheque, savings, mortgage offset.

## Section F: Declaration

### Before you sign this form

Make sure you have answered all the relevant questions correctly and read the privacy statement below before you sign and date this page. An incomplete form may delay processing and we may ask you to complete a new form.

 Penalties may be imposed for giving false or misleading information.

### Privacy information

The ATO is a government agency bound by the *Privacy Act 1988* in terms of collection and handling of personal information and tax file numbers (TFNs). For further information about privacy law notices please go to [ato.gov.au/privacy](http://ato.gov.au/privacy)

We may check the supporting documents you supply with the agencies that issued them.

### Complete and sign one of the following statements that applies to you.

#### ACCOUNT HOLDER

- I declare that the information given on this application is complete and correct.
- I authorise the ATO to verify my supporting documentation with the agency that issued the documents.
- I have read the supporting information and confirm I am eligible to receive a direct payment, and will provide supporting documentation if required.

Name (Print in BLOCK LETTERS)

Signature

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

OR

#### AUTHORISED PERSON / LEGAL PERSONAL REPRESENTATIVE

I declare that:

- this application has been prepared in accordance with the information supplied to me by the individual or entity identified in this application
- I have received a declaration from the individual or entity identified in this application stating the information provided is true and correct
- I am authorised by the individual or entity identified in this application to submit this request to the Commissioner of Taxation.
- I have read the supporting information and confirm the individual or entity identified in this application is eligible to receive a direct payment and I will provide supporting documentation if required.
- I authorise the ATO to verify any supporting documentation with the agency that issued the documents.

Name (Print in BLOCK LETTERS)

Signature

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Lodging your application

Send your application to us at:

**Australian Taxation Office**  
PO Box 3578  
ALBURY NSW 2640