

Dear member

Consideration of a Total and Permanent Disablement benefit

We refer to your recent request for consideration of a Total and Permanent Disablement benefit from the Fund.

We require a member seeking a payment of this type to provide us with:

- two certificates each signed by a registered medical practitioner certifying that, in their opinion, the member is unlikely to work ever again in a job for which the member is reasonably qualified by education, training or experience. A statement in the required format is attached for your convenience; and
- a completed statutory declaration (enclosed).

Upon receipt of the above documentation, your request for consideration of a Total and Permanent Disablement benefit will be promptly assessed and our decision advised to you accordingly.

If you require any further information, please contact your financial planner or our Client Advisory Services on 1800 221 151.

Yours faithfully



Sam Alexiou
Client Advisory Services Manager

Retirement Fund

Invalidity statement by a registered medical practitioner

1. Client details

Title	Surname	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
Suburb/town		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (business)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Male	Female	Date of birth (dd/mm/yy)	Email address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
TFN			
<input type="text"/>			

I understand that the above client is a member of The Portfolio Service - Retirement Fund and has made a claim for payment of benefits on the grounds of permanent incapacity or permanent invalidity. The member's permanent incapacity/invalidity has been caused by: (Please print)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

In accordance with the Superannuation Industry (Supervision) Act 1993 covering payment of benefits on the above grounds, I certify that, in my opinion, the member is unlikely to work ever again in a job for which the member is reasonably qualified by education, training or experience.

Signature	Date
<input type="text"/>	<input type="text"/>

2. Registered medical practitioner details (Please print)

Name		
<input type="text"/>		
Qualifications		
<input type="text"/>		
Address for correspondence		
<input type="text"/>		
Telephone (home)	Telephone (business)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Statutory declaration invalidity statement form

I*, (Name)
of (Address)

do solemnly and sincerely declare that I ceased employment due to the illness stated on the attached 'Invalidity statement by a registered medical practitioner'.

Signature
Signature of person making declaration

Declared at

on day of 20

witnessed by#
Signature of witness

Print name of witness

Qualifications of witness

Address of witness

* Please note – A person who wilfully makes a false statement in a statutory declaration under the Statutory Declaration Act 1959 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.

Persons who can assist with declaration

When the declaration is made inside the Commonwealth:

- a chief magistrate, police magistrate, stipendiary magistrate, resident magistrate or special magistrate;
- a justice of the peace, including a justice of the peace for a State or part of a State, or for a Territory;
- a commissioner for affidavits appointed under the law of the Commonwealth or of a State or Territory;
- a commissioner for declarations appointed by the Attorney General under the Statutory Declarations Act 1959 or under a State act;
- a notary public; or
- a person before whom a statutory declaration may be made under the law of the State in which the declaration is made.