Powerwrap™

CERTIFICATE OF INCAPACITY

Trustee: Diversa Trustees Limited
ABN: 49 006 421 638, AFSL No: 235153, RSE License No: L0000635

INPORTANT: Please use BLOCK letters and black ink when completing this form.
Please note that fields marked (*) are mandatory.

1. EXISTING MEMBER DETAILS

*Member Number

*Title *Given Names *Surname

Date of Birth / /

This certificate will assist the Trustee to determine whether the member is eligible for:

a) Release of a superannuation benefit on the grounds of invalidity for the purpose of Section 27G of the Income Tax Assessment Act; or

b) Payment of a superannuation benefit that is otherwise subject to compulsory preservation in accordance with the standards prescribed under Regulation 6.01(2) of the Superannuation Industry (Supervision) Act.

2. DECLARATION BY MEDICAL PRACTITIONER

Name of Medical Practitioner

Address

Suburb State Postcode

Daytime Contact Phone Number

I understand that ______ has ceased to be gainfully employed and is claiming payment of a benefit from the Superannuation Account on the grounds of permanent incapacity.

I certify that:

- The abovenamed member is suffering from a medical condition which, in my opinion, is likely to result in them being unable to ever be employed in a capacity for which they are reasonably qualified by education, training or experience.
- Their incapacity is caused by *(please print clearly)*

- In my opinion, the member has suffered from this condition for ______ years and ______ months.

Signature Date / /

Qualifications

Return completed original form to Powerwrap Limited
PO Box 16071, Collins St West Vic 8007
Phone: 03 8681 4600