# Who should use this form?

You should use this form if you wish to apply for early release of your preserved Northern Territory Government and Public Authorities’ Superannuation Scheme and/or Northern Territory Supplementary Superannuation Scheme benefits on the grounds of terminal illness.

# Eligibility for early release

If you have been diagnosed with a terminal medical condition, your benefit will be paid to you tax-free. A terminal medical condition exists if:

* two registered medical practitioners have certified jointly or separately that you are suffering from an illness or injury that is likely to result in your death within 24 months of the date of certification;
* at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury, and
* the certification period has not ended for each of the certificates

If you have already provided the required documentation and the Commissioner of Superannuation is satisfied that you are eligible for early release of your NTGPASS and NTSSS benefits then no further evidence is required.

# How much can I claim?

If you meet the criteria for early release on the grounds of terminal illness, your entire benefit will be paid to you. Depending on your age, there may be a prospective amount payable in addition to your NTGPASS defined benefit entitlement. Please note that the prospective amount may be reduced where workers’ compensation lump sum or regular payments are payable (including amounts payable under a workers compensation agreement such as a “Hopkins Agreement”).

# How do I claim my benefit?

Please complete the attached claim form and forward it along with your supporting documentation to the NT Superannuation Office.

We cannot process your application until we have received all the necessary documentation from you, including your identify certification documents (if required).

# Processing your benefit

If your application is approved, your benefit will be processed within 30 days of receipt of all required documentation. This includes your identification documents. However, where further information is required, or the form is incomplete, the process may take longer.

# Taxation

Your benefit will be paid to you tax-free.

# Identification requirements

You can provide original or certified copies of identity documents that verify your full name, date of birth and current residential address, for example, your driver licence. If you have changed your name, and your name is now different to the name we have recorded, you will need to provide a document that verifies your change of name.

For a list of acceptable identity documents, please refer to our fact sheet ‘Proving Your Identity’. If you provide certified copies of identity documents, you must also get the authorised certifier to complete the form Identity Certification and return it to our office with your application.

# More information

We cannot provide personal financial advice. If you require assistance with member investment choice or taxation implications, you can seek the services of a qualified professional.

We have a range of information and fact sheets available to our members. If you have any questions please call this office on (08) 8901 4200 or toll free on 1800 631 630.

# Disclaimer

The information made available in this form is provided as a guide only and should not be relied upon for making financial commitments.

The Commissioner of Superannuation and the Northern Territory of Australia accept no responsibility for any losses arising from any use or reliance upon the information or conclusions reached using the information.

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| **Personal details** |
| **Full Name** |  |
| **Residential Address** |  |
| **Postal Address** |  |
| **Date of Birth** |  | **Email** |  |
| **Phone (b/h)** |  | **Mobile** |  |
| **Member No (AGS)** |  | **Tax File Number\*** |  |
| \*Australian legislation authorises superannuation funds to collect your Tax File Number (TFN), which will only be used for lawful purposes. If you do not provide your TFN, your benefit will be taxed at the highest marginal tax rate. |
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| Bank Details |
| Pay my benefit to my nominated bank account (certified ID required) |
| Payment will only be made by EFT to an Australian bank account. Complete your banking details below. |
| **Bank, Building Society or Credit Union** |  |
| **Branch** |  | **Account Holder** |  |
| **BSB Number** |  | **Account Number** |  |

Privacy statement

*The Northern Territory Superannuation Office is a division of the Department of Treasury and Finance, a Northern Territory Government Agency. The privacy and confidentiality of your personal information is important to the Northern Territory Superannuation Office. The information collected will only be used for the purpose for which it was supplied for administering your superannuation account and your information will not be disclosed to any third party unless required by law or authorised by you. To obtain further information about the NT Government privacy policy or the Information Act, please visit the Northern Territory Government website at www.nt.gov.au.*

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| **Member checklist** |
| [ ]  I have provided the original or attached a certified copy of my identity document(s). |
| **Member declaration** |
| **I understand that:*** my employer-financed defined benefit will be calculated and paid in line with my instructions over leaf;
* the staff of the NT Superannuation Office can provide me with information regarding the operation of NTGPASS and NTSSS but cannot give me financial advice and that the information provided is a general guide only and does not constitute personal financial advice;
* the personal details requested on this form will only be used to process my request and to administer my NTGPASS and/or NTSSS account;
* in the event of my NTGPASS and NTSSS payment being returned to the NT Superannuation Office, the original accounts will be re-opened and will be treated as unclaimed employer-financed defined benefits. Employer-financed NTGPASS and NTSSS benefits are not invested; and
* due to changes in the factors used in calculating my actual employer-financed defined benefits, any quote for the amount of my benefit and the actual amount I will receive may vary.

I declare that the statements contained in this declaration are true in every particular and acknowledge that it is an offence under the *Superannuation Act 1986* to give information or documents to the Commissioner of Superannuation that are misleading. |
| **Member signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |