

Step 4 – Details of registered medical practitioners (continued)

Given name of the medical practitioner

Surname

Daytime Telephone

Mobile

Period consulted

From / /

To / /

Step 5 – Provide certified proof of your identity

You will need to provide certified proof of your identity dated within the last three months. The easiest way to do this is as follows:

- photocopy your current driver's licence (front and back) or passport
- take the photocopies of your ID to Australia Post* or your local Police station**
- ask them to certify your ID.

* To be able to certify your ID document(s) the Australia Post employee must be a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service in an office supplying postal services to the public. Australia Post will charge a small fee.

**A Police Officer, Sheriff or Sheriff's Officer can certify your ID.

Alternatively, you can refer to the "Completing proof of identity" fact sheet on the ANZ Staff Super website at anzstaffsuper.com for a list of other people who can certify your ID document(s).

The person certifying your ID documents will need to include the following details on the copy(ies):

The diagram shows a rectangular box labeled 'IDENTIFICATION' containing a person icon and three horizontal lines. Below the box, the text 'Certified true copy' is written in a cursive font. Underneath that, the following text is printed: 'Mr John Sample', 'Justice of Peace', 'Registration No.123456789', and 'Date: 01/02/2024'. Lines connect these elements to descriptive text on the right:

- A clear copy of the document that identifies you (i.e. your driver's licence (front and back) or passport)
- Write or stamp 'certified true copy' of the original document
- The authorised person's signature
- Full name, qualification and registration number (if applicable) of the authorised person
- Date of certification (within 3 months of receipt)

Step 6 – Sign the form

I, (Please print name in uppercase) _____

Address _____

Declare that the information given in this form is true and correct in every detail. I authorise any person, hospital or doctor who has been or will be attending me, or any employer to provide ANZ Staff Super with any information that it may require in the consideration of this claim.

I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

Signature of Witness

Date

Name of Witness

Please return your completed form to: ANZ Staff Super, GPO Box 2139, Melbourne VIC 3001

Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The administrator, Australian Administration Services Pty Limited, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential but may be disclosed by the Trustee or administrator to third parties, such as ANZ Staff Super's actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' enquiries or complaints.

Members' personal information may be disclosed to related entities of the administrator located overseas as part of the day-to-day provision of administration or ancillary services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super
Mail: GPO Box 2139
Melbourne VIC 3001
Phone: 1800 000 086
Fax: (02) 9287 0320
Email: enquiry@anzstaffsuper.com

The Trustee's Privacy Policy Statement is available on ANZ Staff Super's website anzstaffsuper.com or by calling us on **1800 000 086**. You can also access the administrator's privacy policy on our website.

Step 2 – Provide details of patient’s condition

1. Please state the diagnosis. If applicable indicate the severity of the condition.

2. Please list the patient’s most recent occupation.

3. Please list patient’s past occupations.

4. Please list the patient’s training, education and experience.

5. Please refer to points 2, 3 and 4 above on this form. In your opinion, is the patient ever likely to resume duties in any occupation for which they are reasonably qualified by their past education, training or experience?

Yes No

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Step 3 – Sign the form

I acknowledge my patient's authorisation for me to provide the Trustee with any information that may be required in the consideration of this patient's application for early release of preserved benefits.

Doctor's full name

Address

Suburb

State

Postcode

Daytime telephone

Mobile

Medical qualifications

I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

Please return your completed form to:

**ANZ Staff Super
GPO Box 2139
Melbourne VIC 3001**