

MEDICAL REPORT FOR CONFIRMATION OF TERMINAL ILLNESS

Member Name: _____

Member Number: _____

This member has applied for the early release of their superannuation benefit on the grounds of Terminal Illness. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

The member is responsible for any costs associated with obtaining this report.

Are you the member's usual medical practitioner? Yes No

What is the nature of the member's current diagnosis?

The definition of Terminal Illness requires the Trustee to be reasonably satisfied that the member is suffering from ill health that is likely to result in death within 24 months of signing this Terminal Illness Medical Statement and is considered to be terminally ill.

In your opinion, does the member meet the above definition? Yes No

Please cross (x) here if you are a specialist practising in the area related to the illness or injury suffered.

Other Comments:

I, the undersigned, understand that the abovementioned member, has made claim on the Fund for payment of his / her benefit on the grounds of terminal illness.

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| Declaration by Medical Practitioner |
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Name of Medical Practitioner: _____

(Please print clearly)

Qualifications: _____

Address: _____

Daytime contact phone no: (____) _____

Signature: _____ Date: _____ / _____ / _____