YOUR TOTAL AND PERMANENT DISABLEMENT BENEFIT



Safeguarding your financial future in the event of your disability.

Your Total and Permanent Disablement (TPD) benefit gives you additional financial protection, if you become permanently disabled.

HOW THE TPD BENEFIT WORKS

If you become totally and permanently disabled while you are a member of Nationwide Super, a division of the Russell Investments Master Trust (the Fund), you will receive a lump sum benefit. The lump sum is normally equal to your account balance plus an insured component.

Your Product Disclosure Statement (PDS) and the Insurance, Fees and Costs Guide contain specific details about how your benefit is calculated and how you can qualify for an insured amount.

THE PROCESS

Without an insured component

If you are not eligible for an insured component, your super benefits will be released under the permanent incapacity provisions. No waiting period applies to permanent incapacity claims; however, you will still need to provide medical evidence.

If you wish to apply for permanent incapacity, please contact us so we can send you the relevant forms.

If your claim is approved, you may choose to have your benefit paid in cash, leave it in super or do a combination of both.

With insured components

Before the insurance component of your claim can be considered, a waiting period applies (generally three or six months) and usually commences from the last day you were at work. You must be absent from work due to an illness or injury during this time. This waiting period may be waived for certain circumstances, like terminal illness.

It's a good idea to contact us before your waiting period ends, as this will give you time to understand the application process before applying. Our initial letter to you will include the definition of disability that you must meet to be approved for a TPD benefit, which is also outlined in your Insurance, Fees and Costs Guide.

WHAT YOU NEED TO PROVIDE

Initially we will need you to provide:

- » Privacy Consent Form: This gives us your consent to pass on any sensitive information required to process your claim (for example to the insurer). This also provides your consent for the Fund to obtain information from your employer regarding your work history and work abilities.
- » Member's Claim Statement: This provides us with details of your claim.
- » Two Medical Reports: For your doctors to complete about your condition. These are to be provided at your cost.
- » Identification documents: This can be a copy of your birth certificate, driver's licence or passport and must be certified.¹

We will send you the required forms after you contact us to begin your claim.

What happens next?

After we have received the above documents from you, we will contact your employer to have them complete an Employer's Statement. This form requests details regarding the duties you were required to perform at work, your job history with the company and confirmation of your last date of work. Please note that at the outset, we will request that you provide the Employer Statement completed by your employer, if your employer is not part of Nationwide Super.

When this form has been received, we will forward it, along with the other information you provided, to the insurer. The insurer will then begin to assess your claim.

The insurer may need more information from you, from your treating doctors or from your employer to complete their assessment. You may need to have further medical tests or examinations.

We, or the insurer, will contact you regularly to let you know how your claim is progressing and if you need to provide further evidence or attend medical examinations. The insurer will meet the cost of any additional examinations or tests they request.

¹ Certified means that an authorised person (such as a Justice of Peace) has sighted the original and copy, and provided written certification on the copy that it is a true copy of the original.

How long will it take?

Every claim is different, but the assessment process can typically take several months, depending on the number and type of medical examinations required. For cases where the illness is terminal, the assessment process is much shorter.

Please note that regardless of the insurer's decision to pay the insured component of the benefit, the Trustee will independently assess the merits of your claim. The Trustee examines all the evidence on hand and generally relies on the advice received from relevant experts (such as further medical examinations or legal opinion) to assist in this process.

What if my claim is declined by the Trustee?

If your claim is likely to be declined, prior to a decision being made, you will be provided with details of all the evidence relied upon to reach a decision. You can then provide further evidence or information in support of your claim.

If your claim is declined and you would like to object to the decision, you may write to our Enquiries and Complaints Officer at:

Enquiries and Complaints Officer Nationwide Super Locked Bag A4094 SYDNEY SOUTH NSW 1235 You may also provide any additional evidence that you would like to have considered. The Enquiries and Complaints Officer will advise you of the outcome as soon as possible.

Important! You should notify the Plan as soon as possible of any claim for a TPD benefit. It is highly recommended that you obtain medical evidence documenting the state of your health and your ability to work in any occupation, for which you are suited by education, training or experience, at or shortly after the time you stop working. This will help to avoid any potential delay in processing your claim. If the insurer declines to pay your claim, the benefit is restricted to your account balance and the Trustee will assess whether the benefit can be released under the permanent incapacity provisions.

NEED MORE INFORMATION?

Log in to your online account at nationwidesuper.com.au/login download a copy of your PDS and the Insurance, Fees and Costs Guide, which describe the TPD benefits available to you and give the definition of disability you need to meet.



Advice that's right for you

Good financial advice is about making the most of what you have to help achieve your goals. That's what we offer—general information, personal advice over the phone, Retire Ready meetings (often at no cost) or comprehensive personal advice (complimentary first meeting).

Find out more at

nationwidesuper.com.au/advice



We're here to help

If you have any questions, please contact us:

- call 1800 025 241 (Monday to Friday 8.30am to 5.30pm AEST)
- » email enquiries@nationwidesuper.com.au
- » visit nationwidesuper.com.au

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