BT Panorama

Issued October 2025

Terminal medical condition declaration & super benefits withdrawal

Use this form to:

Apply for the early release of your superannuation benefits due to a terminal medical condition.

If you are uncertain whether this is the correct form for your circumstances, contact Estates and Claims Management on 1300 889 576. You can type directly into the form and print before signing. Alternatively, print and complete in block letters using a blue or black pen. Place a cross in boxes where applicable.

Return all completed pages of this form to: Estates and Claims Management, GPO Box 2469, Adelaide SA 5001, or by emailing insuranceclaimsBT@btfinancialgroup.com

Important information

Terminal medical condition

Superannuation law allows you to access your preserved benefits if the trustee is satisfied that you are suffering from an illness or have incurred an injury, that is likely to result in your death within a period of 24 months from the date of certification by your treating medical practitioners (with at least one being specialist practicing in the area related to the injury of illness). To allow the trustee to determine whether you satisfy the legal requirements, ensure that you provide all the information and documents described in the 'Requirements checklist' section on this page.

Super benefits withdrawal

This form includes the super benefits withdrawal form (Appendix A) which you can submit if you want to request a partial or full cash withdrawal from your super account. However, your withdrawal request cannot be processed until we have assessed and approved the early release of your super benefits. As such, if you submit this withdrawal request prior to us approving your request for Terminal Illness benefits and your request is:

- approved and there is sufficient cash available in your transaction account to process your withdrawal request, you will receive a confirmation letter notifying you that your request has been approved and your withdrawal request is being processed.
- approved but there is insufficient cash in your transaction account to process your withdrawal request, you will receive a confirmation letter of your eligibility to access your super, however; any withdrawal requests will not be processed if you do not have sufficient cleared funds in your transaction account to fund the withdrawal. We will therefore require further transaction instructions from you to make any withdrawal payments.
- declined, you will be notified that the request has been declined and your withdrawal request will not be processed.

Insurance

If you hold any death benefit insurance cover in your Panorama Super or BT Super Invest account, you may be able access this benefit if you are diagnosed with a terminal illness.

If you want your insurance to continue you will need to leave sufficient balance in your account to fund future premiums. If your request for an early release of super is approved and you withdraw your entire superannuation benefit you will lose any insurance, you currently have. This information is intended as a guide only and does not constitute advice. Before making a withdrawal, you should speak to your financial adviser (if applicable) about the impacts this could have on your insurance entitlements.

Privacy Statement

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at www.bt.com.au/personal/help/privacy/privacy-statement or by calling us. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your request.

Requirements checklist

☐ You must complete the Patient's full name (your name) and your super account number in sections 1 and 2, and two separate legally qualified medical practitioners (with at least one being specialist practicing in the area related to the injury of illness) must complete the declarations in sections 1 and 2.

☐ To request a partial withdrawal or a full withdrawal (to close your super account), you must complete 'Appendix A – Terminal medical condition super benefit withdrawal form' section of this form. Note: your withdrawal request will only be processed if your request for the early release of your super benefits is approved.

Panorama Super is administered by BT Portfolio Services Limited ABN 73 095 055 208. BT Funds Management Limited ABN 63 002 916 458 is the trustee and issuer of Panorama Super, which is part of Asgard Independence Plan Division Two ABN 90 194 410 365. BT Super invest is part of Panorama Super.

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1 Declaration by legally qualified medical practitioner 1

Please read the information under the declaration to understand how it will be used by Panorama to assist you in determining which sections to complete. Please ensure you provide your full name and contact details in part B and sign and date this form.

Patient's full name

Member account number

A Terminal medical condition declaration

The purpose of this declaration is for the Trustee to collect information in order to determine whether your patient (named above) meets the requirements of having a terminal medical condition under superannuation and tax law.

To meet the requirements for terminal medical condition, your patient must be suffering from an illness, or must have incurred an injury, that is likely to result in the death of your patient within a period of 24 months from the date of this declaration.

In your opinion, is your patient suffering a terminal medical condition as defined above?

☐ Yes ☐ No

If yes, please provide a brief description of the terminal medical condition

B Legally qualified medical practitioner 1 details

Are you a specialist practicing in an area related to the illness or injury suffered by your patient?

☐ Yes ☐ No

Full name

Qualification

☐ Specialist ☐ General practitioner

Address of medical practice

Work phone

Signature (Digital signature accepted)

Date (dd/mm/yyyy)

Registration number or stamp

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Terminal medical condition declaration & super benefits withdrawal

2 Declaration by legally qualified medical practitioner 2

Please read the information under the declaration to understand how it will be used by Panorama to assist you in determining which sections to complete. Please ensure you provide your full name and contact details in part B and sign and date this form.

Patient's full name

Member account number

A Terminal medical condition declaration

The purpose of this declaration is for the Trustee to collect information in order to determine whether your patient (named above) meets the requirements of having a terminal medical condition under superannuation and tax law.

To meet the requirements for terminal medical condition, your patient must be suffering from an illness, or must have incurred an injury, that is likely to result in the death of your patient within a period of 24 months from the date of this declaration.

In your opinion, is your patient suffering a terminal medical condition as defined above?

☐ Yes ☐ No

If yes, please provide a brief description of the terminal medical condition

B Legally qualified medical practitioner 2 details

Are you a specialist practicing in an area related to the illness or injury suffered by your patient?

☐ Yes ☐ No

Full name

Qualification

☐ Specialist ☐ General practitioner

Address of medical practice

Work phone

Signature (Digital signature accepted)

Date (dd/mm/yyyy)

Registration number or stamp

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Appendix A – Terminal medical condition super benefit withdrawal form

1 Member details

First name

Last name

Account number

2 Withdrawal details

Are you applying for a partial or full withdrawal of your account balance?

☐ Partial withdrawal (specify the amount below)

$

☐ Full withdrawal

Do you wish for the funds to be deposited to your primary linked account or another linked account?

☐ Primary linked account

☐ Other linked account (provide details below)

BSB **Account number**

3 Personal tax deduction notice or contribution splitting application

(Applicable to accounts in accumulation phase only)

Do you wish to claim or vary a tax deduction or apply to split contributions on personal contributions made to the account in the current or previous financial year

☐ I intend to claim a tax deduction for personal contributions made to my account or apply to split contributions with an eligible spouse prior to this withdrawal and have not completed a deduction notice/a contribution splitting application, or I need to vary a previous deduction notice.

Note: your withdrawal request will not be completed until your contribution splitting request or tax deduction notice has been received and processed. A deduction notice can be completed or varied online via your investor login on the Rollovers & contributions page.

☐ I do not intend to claim a tax deduction for personal contributions made to my account or apply to split contributions with an eligible spouse prior to this withdrawal, or I have completed and/or varied a deduction notice for the personal contributions I intend to claim as a deduction or applied to split contributions with an eligible spouse.

Note: If you are requesting a partial withdrawal and do not complete a personal tax notice before your partial withdrawal, your ability to claim a tax deduction for personal contributions previously made to your account will be limited. Your ability to vary any previous deduction notices you may have provided will also be limited.

If you are requesting a full withdrawal and do not complete a personal tax deduction notice or contribution splitting application before you withdraw your full account balance, you will not be able to claim a tax deduction for any personal contributions made to your super account prior to your withdrawal or apply to split contributions with a spouse. Following your withdrawal, you will also be unable to vary any previous deduction notices you may have provided. If this section is not completed, you confirm you have already claimed a personal tax deduction notice for these contributions or split contributions with an eligible spouse, or you do not intend to claim a personal tax deduction notice for these contributions or split contributions with an eligible spouse.

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4 Declaration and acknowledgements

By signing this form, I agree that all information provided in the form is true and correct. Additionally:

- If I am closing my account I acknowledge that BT will request the cancellation of insurance policies attached to my super account upon receipt of this form, including all linked policies held outside of my Panorama Super or BT Super Invest account.
- I am aware I may ask for information about any fees or charges that may apply, or any other information about the effect this cash withdrawal may have on my benefits, and have obtained or do not require such information.
- I understand that I will be unable to redeem any investment in a suspended fund or funds (ie a fund with suspended transaction on a full or limited basis, which may also have suspended issuing prices). However, I agree that the cash withdrawal will proceed in relation to all other investments.
- I agree that investment holdings will need to be sold down to fund any withdrawal requests to ensure that sufficient funds are available in the transaction account. For full withdrawal requests all investment holdings will be sold down.
- If signing under a power of attorney or otherwise signing on behalf of another person, I verify that at the time of signing, I have not received notice of revocation of that power.
- The liability of BT Portfolio Services Limited and BT Funds Management Limited (together, the Providers), including their authorised agents, is limited to the full extent permitted by law (except to the extent such damages, liabilities, costs or expenses are caused by the negligence or default of the Providers or their authorised agents) where it arises directly or indirectly from acting on the information or instructions provided under, or associated with, this form.

Full name

Signature (Digital signature accepted)

Date (dd/mm/yyyy)

☐ Account holder ☐ Parent

☐ Financial Manager ☐ Attorney

You can submit this form by:

email:
insuranceclaimsBT@btfinancialgroup.com
mail:
Estates and Claims Management GPO
Box 2469, Adelaide SA 5001

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