

Certificate of Medical Attendant

April 2019

Retirement Portfolio Service

ABN 61 808 189 263 RSE R1000986

OnePath Custodians Pty Limited

ABN 12 008 508 496 AFSL 238346 RSE L0000673 (Trustee)

347 Kent Street, Sydney NSW 2000

Customer Services

Phone 133 665

Email customer@onepath.com.au

Website onepath.com.au

Please ensure that every question is answered. Incomplete forms will be returned.

Patient details

Surname

Given names(s)

Date of birth (dd/mm/yyyy)

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

2. Please list the member's most recent occupation.

3. Please list the member's past occupations.

4. Please list the member's training, education and experience.

5. 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

6. **Terminal Illness Claims:** Is the patient suffering from an illness which in the normal course would result in death within a period of 24 months? Yes No

Note: Any charge for this certificate must be paid for by the patient.

I acknowledge my patient's authorisation for me to furnish the fund trustee any information that may be required in the consideration of this patient's application for an early release of benefits.

Signature

Date (dd/mm/yyyy)

Doctor's full name

Address

Phone number

Medical qualifications

Specialist

 Yes No (if yes, insert specialisation)