



BENDZULLA ACTUARIAL PTY LTD
CONSULTING ACTUARIES

SELF INSURANCE ACTUARIAL CERTIFICATE
(Required by Section 295-465 of ITAA 97)

DATA SUBMISSION FORM

This data sheet can be used for Self Managed Superannuation Funds that have one or more members with a death or disability benefit covered by self insurance.

We will typically issue a self insurance tax deduction certificate provided the following requirements are met:

- The self insured superannuation death and/or disability benefits provided are specified amounts payable in addition to the member account balances.
- The fund has maintained appropriate documentation of the self insured benefits promised, including recording that cover ceases on the first claim.
- The definitions of the death and disability benefits applying meet the requirements of the ITAA for deductibility.
- No part of the death and/or disability benefits provided is covered by external insurance.
- A segregated insurance reserve has been established, that is at least as great as the largest single possible claim.
- The maximum annual salary continuance cover provided to each member is less than the segregated insurance reserve divided by the maximum payment period.
- The maximum annual salary continuance cover provided to each member is less than 75% of their salary.
- The segregated insurance reserve is shown in the fund's financial statements.
- There are currently no anticipated/known unpaid death and/or disability benefits in the fund.

Please confirm that the above requirements can be met by the fund: Yes No

If you are unsure whether your fund meets these requirements please kindly contact us at act@bendzulla.com for assistance.

Fund Administrator / Advisor Details

Where would you like the certificate returned to and who should be contacted if there are any queries:

Name:

Company:

Address:

Phone:

Fax:

Email:

Fund Identification Details

Please ensure the name of the fund is exactly as set out in the trust deed e.g. Superannuation Fund not Super Fund, etc. The names of individual trustees should be in full, no initials. If the trustee is a company please include ACN/ABN number.

Name of Fund:	
Full Names of Trustees:	
Address of Trustees:	
Date Fund Established:	
Financial Year:	
Reserve Amount at Start:	
Part Year Coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Part Year - Start Date:	

	Member 1	Member 2	Member 3	Member 4
Full Name:				
Date of Birth:				
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Smoker:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	<input type="checkbox"/> Professional <input type="checkbox"/> White Collar <input type="checkbox"/> Light Blue Collar <input type="checkbox"/> Blue Collar	<input type="checkbox"/> Professional <input type="checkbox"/> White Collar <input type="checkbox"/> Light Blue Collar <input type="checkbox"/> Blue Collar	<input type="checkbox"/> Professional <input type="checkbox"/> White Collar <input type="checkbox"/> Light Blue Collar <input type="checkbox"/> Blue Collar	<input type="checkbox"/> Professional <input type="checkbox"/> White Collar <input type="checkbox"/> Light Blue Collar <input type="checkbox"/> Blue Collar

Type of Covers for Death & TPD (Maximum benefit for any one cover = Reserve)**Member 1** No Cover Death Only Death & TPD TPD Only**Member 2** No Cover Death Only Death & TPD TPD Only**Member 3** No Cover Death Only Death & TPD TPD Only**Member 4** No Cover Death Only Death & TPD TPD OnlyDeath Cover
Amount:TPD Cover
Amount:**Salary Continuance (Maximum annual amount of 75% of Salary)****Member 1** No Cover 2 year To Age 65 30 day wait 90 day wait**Member 2** No Cover 2 year To Age 65 30 day wait 90 day wait**Member 3** No Cover 2 year To Age 65 30 day wait 90 day wait**Member 4** No Cover 2 year To Age 65 30 day wait 90 day waitAnnual Cover
Amount:**Comments:****Contact Details:**BENDZULLA ACTUARIAL PTY LTD
Email: act@bendzulla.com
Phone: 1800 642 215 Fax: 1800 103 123**Actuarial Fees:**\$275.00 (inclusive of GST)
An invoice will be forwarded with the certificate.