

## Application For Penalty-free Premature Withdrawal of Funds from Supplementary Retirement Scheme (SRS) Account on Medical Grounds

It may take you about 5 minutes to fill in this form.

To the Manager:

## [Name and address of Appointed SRS Operator]

Part (1) - To be completed by the SRS member who wishes to apply for the withdrawal.

a) Full name : b) Singapore NRIC/FIN/passport number* : c) Address :	
d) SRS Account No.:	
Part (2) - To be completed by a duly qualified medical prac Act.	titioner currently registered under The Medical Registration
I have today examined Mr/Mrs/Ms/Mdm* mentioned in Part (1) above and I certify that he/she* is:	, holder of the identity card/passport
Physically/Mentally* incapacitated from ever conti	nuing in any employment.
Mentally disordered and incapable of managing himself/herself* or his/her* affairs.	
Suffering from a terminal illness or disease.	
Signature of Doctor/Date	Full name & address of Doctor in block letters or rubber stamp

Tick  $(\sqrt{})$  in the appropriate  $\Box$  \* delete whichever is not applicable

## **IMPORTANT NOTES**

a) The doctor must ensure that the person examined is the holder of the identity card/passport recorded in Part (1).

- b) This form must not be handed to the patient but be returned to the SRS Operator as indicated above.
- c) Information provided in this form will be conveyed to the Comptroller of Income Tax, Singapore. Under the Singapore Income Tax Act,

To be confirmed by the SRS Operator:	To be completed by IRAS:
Name and ID indicated in Part (1) of this form are the same as per operator's records.	Application for withdrawal of funds on medical grounds: Approved Not approved – Reasons:
Full name, designation & signature of the authorised officer/ Date	Full name, designation & signature of the authorised officer IR/ for Comptroller of Income Tax/Date

IRAS Stamp