



## 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.: _____	(As registered with the SRS operator)
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**Part (2)** - To be completed by a duly qualified medical practitioner currently registered under The Medical Registration Act.

I have today examined Mr/Mrs/Ms/Mdm* _____, holder of the identity card/passport mentioned in Part (1) above and I certify that he/she* is:	
<input type="checkbox"/> <b>Physically/Mentally* incapacitated from ever continuing in any employment.</b>	
<input type="checkbox"/> <b>Mentally disordered and incapable of managing himself/herself* or his/her* affairs.</b>	
<input type="checkbox"/> <b>Suffering from a terminal illness or disease.</b>	
_____ Signature of Doctor/Date	_____ Full name & address of Doctor in block letters or rubber stamp

*Tick (✓) in the appropriate  \* 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, there are penalties for giving any incorrect information or making a false declaration.

### For Office Use

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: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved – Reasons: _____
_____ Full name, designation & signature of the authorised officer/ Date	_____ Full name, designation & signature of the authorised officer for Comptroller of Income Tax/Date <span style="float: right; margin-right: 50px;">IRAS Stamp</span>