

Severe financial hardship payment

Please complete this form if you wish to apply for release of your superannuation benefits on the grounds of severe financial hardship. The Trustee will consider your application and will determine whether or not a benefit payment can be released. There are two different criteria for the release of benefits under severe financial hardship. The supporting evidence you need to provide depends on the criteria you are applying under. Note that the taxable component of the benefit will be subject to tax depending on your age.

Criteria 1 - any age (You must complete sections 1, 2, 3, 4 and 7)

- A letter from the Department of Human Services (DHS)(Centrelink or the Department of Veterans' Affairs) confirming that you are receiving a qualifying income support payment* for a continuous period of 26 consecutive weeks, (the letter must be dated within the last 21 days).
- Documentary evidence of your inability to meet reasonable and immediate family living expenses, eg, copies of outstanding personal debts or loans dated within the last 3 months. A debt that has been paid already, can not be included as an outstanding debt.
- Statutory Declaration (see section 2.5)
- Proof of identity information (see section 7)

Withdrawal amount

The maximum amount to be released is \$10,000 (gross) and only one payment can be released in a 12 month period. The minimum release amount is \$1,000. However, if your account balance is less than \$1,000, the full amount may be released. The minimum balance that can remain in your account after withdrawal is \$6,000. If your requested withdrawal amount would leave your account balance with less than \$6,000, the trustee may release less than the amount you request to ensure your account remains above the minimum balance.

Criteria 2 - if you have reached your preservation age and 39 weeks and you are not gainfully employed on a full time or part time basis (You must complete sections 1, 3, 4, 5 and 7)

- A letter from the Department of Human Services (DHS) (Centrelink or the Department of Veterans' Affairs) confirming that you have been receiving a qualifying income support payment* after reaching your preservation age**, for at least 39 cumulative weeks.
- Declaration (see section 5)
- Proof of identity information (see section 7)

Withdrawal amount

There is no maximum withdrawal limit. However the minimum balance that can remain in your account after withdrawal is \$6,000. If your requested withdrawal amount would leave your account balance with less than \$6,000, the trustee may release less than the amount you request to ensure your account remains above the minimum balance.

* For information on social security payments that qualify visit the [income-support-payment-description](http://humanservices.gov.au/individuals) page at humanservices.gov.au/individuals.

** For further information see the factsheet [Financial Hardship](http://clubplussuper.com.au/tools-forms) at clubplussuper.com.au/tools-forms or call **1800 680 627**.

Please return this completed form with relevant documents to: Club Plus Super Administration Locked Bag 5007 Parramatta, NSW 2124. We will accept photocopies of your bills to support your claim, but your DHS letter and identification documents must be originals or certified copies.

Note that if you have more than one investment option, your financial hardship payment will be taken proportionately across your options unless you give the Trustee alternate instructions.

Section 1: Personal details

Member number:

Title: Mr/Mrs/Ms/Miss/Other

Date of birth (DD/MM/YYYY):

Surname:

Given name(s):

Residential address:

Suburb

State

Postcode

Phone number:

Mobile number:

Email:

Contact us

member hotline: 1800 680 627
email: member@clubplussuper.com.au
website: clubplussuper.com.au

Severe financial hardship payment (cont.)

Section 2: Reason/s for your application and evidence

Only complete this section and provide evidence if you are applying under Criteria 1

2.1 Reasons

Please explain briefly the reason(s) for your financial hardship and how the money will be used if released.

2.2 Amount

What amount* do you estimate would relieve your current severe financial hardship?

Net: \$

*The maximum amount we can release by law in a 12-month period is \$10,000 gross of tax, depending on the assessment of your eligibility.

2.3 Personal circumstances

Number of financial dependants:

List the ages of your dependants:

1. 2. 3. 4. 5. 6. 7. 8.

2.4 Financials

Current total net weekly income (provide evidence e.g. payslips, bank statements etc)

Yours: \$ Partner: \$ Dependents: \$

List all current monthly expenses in relation to you, your partner and your dependants.

	You	Partner	Dependants
Food	\$	\$	\$
Rent/Mortgage*	\$	\$	\$
Insurance*	\$	\$	\$
Electricity/Gas/Rates*	\$	\$	\$
Education (provide receipts etc if over \$100 per month per student)	\$	\$	\$
Other loan repayments (excluding credit cards)*	\$	\$	\$
Credit card debts* (show minimum repayments due only)	\$	\$	\$
Other e.g. motor vehicle (specify items and provide receipts for major items)	\$	\$	\$

List any payments due (current and immediate debts, arrears etc.)

Payments due	Total owing	Payments in arrears
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

* Important: You must provide recent evidence of outstanding debts or payments dated within the last 3 months owing to friends/family or financial institutions etc. For personal loans from family or friends, a statutory declaration must be completed by the lender and attached to your application.

Severe financial hardship payment (cont.)

Section 2: Reason/s for your application and evidence (cont.)

2.5 Statutory declaration

I _____ (Full name)

of _____ (your address)

make the following declaration under the Statutory Declarations Act 1959, that:

- I am unable to meet reasonable and immediate family living expenses and that I do not have any assets (apart from my home) which could (reasonably and realistically) be sold to cover this gap and I have provided evidence to support this.
- The amount I am requesting to be released is necessary to meet these reasonable and immediate family expenses.
- I understand that if my application is accepted, I will not be able to access further benefits on the grounds of severe financial hardship within the next 12 months.
- I understand that if I withdraw my total benefit, any insurance cover I hold in my account will cease from the date my account is closed.
- The information provided in this form is true and correct.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

Your signature

Date (DD/MM/YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Witness Declaration

Your statutory declaration must be witnessed and signed by an authorised person. The list of people who can certify documents shown in section 7 are authorised to witness and sign this form.

I _____ (Full name of witness)

Declared at _____ (Address)

_____ Witness qualification

Witness signature

Date (DD/MM/YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 3: Bank details for payment

To be completed by applicants under Criteria 1 and Criteria 2

Bank name:

Account name:

BSB number:

Account number:

Severe financial hardship payment (cont.)

Section 4: Providing your Tax File Number (TFN)

To be completed by applicants under Criteria 1 and Criteria 2

Under the Superannuation Industry (Supervision) Act 1993, your super fund is authorised to collect, use and disclose your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

The trustee of your super fund may disclose your TFN to another super provider, when your benefits are being transferred, unless you request the trustee of your super fund in writing that your TFN not be disclosed to any other super provider.

Declining to quote your TFN to the trustee of your super fund is not an offence. However giving your TFN to your super fund will have the following advantages:

- your super fund will be able to accept all permitted types of contributions to your account/s;
- other than the tax that may ordinarily apply, you will not pay more tax than you need to - this affects both contributions to your super and benefit payments when you start drawing down your super benefits; and
- it will make it much easier to find different super accounts in your name so that you receive all your super benefits when you retire.

Tax File Number:

Section 5: Declaration

To be completed if you are applying under Criteria 2

- I have reached my preservation age and I have been in receipt of a qualifying social security benefit for 39 cumulative weeks since reaching my preservation age.
- I am not gainfully employed on a full time or part time basis (if you are working less than 10 hours a week you are not considered to be in gainful employment).
- I understand that if I withdraw my total benefit, any insurance cover I hold in my account will cease from the date my account is closed.
- I confirm that the information provided in this form is true and correct.

Your signature

Date (DD/MM/YY)

Section 6: Privacy

The personal information provided on this form is collected by and held for Club Plus Super by the fund administrator Australian Administration Services (AAS) in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with your membership of the Fund.

You should read the Privacy Policy at clubplussuper.com.au before completing the form. Call us on **1800 680 627** for a hard copy of the Policy. The Policy contains information about how personal information is collected, used and disclosed, how you can correct your personal information, make a complaint about a privacy breach and other important information about safeguards in place to protect your personal information.

By providing your information, you acknowledge that you have read and understood the Privacy Policy.

Severe financial hardship payment (cont.)

Section 7: Proof of identity

You must complete this section if you're applying for a cash withdrawal. Please contact us if you need more information about verifying your identity.

Complete option 1 (below) OR option 2 (overleaf):

Option 1: Electronic verification

I authorise the Fund to use the personal information provided below to verify my identity for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act* using reliable and independent data sources. I understand the Fund uses a third party for this purpose and I consent to this use.

Important: Make sure the details you provide are accurate. If your personal details provided in Section 1 do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will delay processing your payment request. **You must provide your registered street address** in Australia in Section 1: Personal Details if you would like to electronically verify your identity.

You must provide details of at least two of the following documents:

Document 1: Medicare card

Full name as shown on your Medicare card, including initials:

Card number:

Valid to:

 I am person number on this card

Document 2: Australian Driver's Licence

First name as shown on your licence:

Surname as shown on your licence:

Australian driver's licence number:

Expiry date:

State of issue:

Document 3: Passport

Please provide an Australian passport

Given name/s (including middle name) as shown on your passport:

Surname as shown on your passport:

Passport number:

Country of issue:

Place of birth as shown on your passport:

Date of expiry:

Severe financial hardship payment (cont.)

Section 7: Proof of identity (cont.)

Option 2: Provide certified copies of identification documents

I have attached copies of my certified proof of identity with this application, in accordance with the requirements set out below.

All proof of age or identity documentation must be **CERTIFIED** copies of the original (refer example below).
The following documents may be used.

EITHER:

One of the following documents only:

- driver's licence issued under state or territory law which has not expired; or
- current passport, or for a passport issued by the Commonwealth, a passport that expired less than two years ago.

OR

One of the following documents:

- birth certificate or birth extract;
- citizenship certificate issued by the Commonwealth;
- pension card issued by Centrelink that entitles the person to financial benefits.

AND

One of the following documents:

- letter from Centrelink regarding a government assistance payment;
 - notice issued by federal, state or territory government or local council the past twelve months that contains your name and residential address.
- For example:
- Notice of an ATO assessment
 - Rates notice from a local council

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The following are some of the people who can certify copies of your originals as true and correct copies:

- Dentist
- Nurse
- Pharmacist
- Medical Practitioner
- Chiropractor
- Physiotherapist
- Psychologist
- Veterinary surgeon
- Optometrist
- Police Officer
- Justice of the Peace
- Engineer
- Accountant
- Teacher
- Judge or Magistrate
- Australia Post employee
- Bank, building society or credit union employee

If you can't access any of these people, the full list of who can certify documents is available at clubplussuper.com.au/tools-forms

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

Example of how to certify identification

Step 1: Take a photocopy of both sides of the original document (see list of documents).

Step 2: Take the photocopy and the original document(s) to an authorised person.

Step 3: The authorised person should state on the front side of each copy:

'This is a true and correct copy of the original.'

The authorised person should write on each copy their:

- full name;
- qualification (from list above);
- registration number (if applicable); and
- signature and date.

