

Dear member

Release of superannuation due to severe financial hardship

We refer to your request for release of your superannuation benefits due to severe financial hardship.

In order to obtain release of your benefits due to severe financial hardship, superannuation law requires that a member who is over 55 years and 39 weeks of age must satisfy the following test. The member must:

- (Test 1) have been receiving Commonwealth income support for at least 39 cumulative weeks after age 55 and must not be currently employed on a full-time or part-time basis; or

In order to decide if you meet either of the above requirements we need:

For Test 1

- written confirmation from Centrelink that you have been receiving a Commonwealth income support payment for 39 cumulative weeks (please contact Centrelink for a standard financial hardship letter).

Upon receipt of the above documentation, your request for release of superannuation benefits due to severe financial hardship will be promptly assessed and our decision advised to you accordingly.

If you require any further information, please contact your financial planner or our Client Advisory Services on 1800 221 151.

Yours faithfully



Sam Alexiou
Client Advisory Services Manager

Retirement Fund financial hardship form

The following information will be used solely for determining whether you are experiencing severe financial hardship. This completed form (or copy) will not be made available to any other person(s), except under an order of a court.

Please note that for each 12 month period (beginning on the date of first payment) only one payment for financial hardship can be paid. The minimum payment is \$1,000 (unless your account balance is less than this amount) and the maximum payment is \$10,000 (gross) under superannuation law.

Please indicate which Plan you are invested in:

Superannuation Plan Super Essentials

1. Client details

Title	Surname	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
Suburb/town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone (home)	Telephone (business)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Male	Female	Date of birth (dd/mm/yy)	Email address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

2. Withdrawal details (minimum \$1,000)

Have you requested such a benefit in the last 12 months? Yes No

List of financial dependants	Relationship to you
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Estimated amount required to relieve current financial hardship \$.00

Please explain the cause(s) of hardship and how the money will be used.

List of financial dependants

3. Income and expenditure details

Current total NET weekly income (Please provide evidence eg. payslips, bank statements).

Self \$.00

Spouse \$.00

Dependants \$.00

Weekly expenses (list the main current weekly expenses relating to you, your spouse and dependants and provide evidence of your current outstanding debts eg. credit card accounts and loan statements).

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
(Please list further expenses on separate form) Total	\$

Signature Date / /

Statutory declaration financial hardship form

I*, (Name)
of (Address)

do solemnly and sincerely declare that the information provided by me in the Application annexed to the Statutory Declaration is true and correct.

I also declare that I am unable to meet my reasonable and immediate family living expenses and that I do not have any assets (apart from my home) which could reasonably be used or sold to cover this gap.

I also declare that the amount I am requesting to be released is necessary to meet reasonable and immediate family expenses.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended and subject to the penalties provided in that Act for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signature
Signature of person making declaration

Declared at

on day of 20

witnessed by#
Signature of witness

Print name of witness

Qualifications of witness

Address of witness

* Please note – A person who wilfully makes a false statement in a statutory declaration under the Statutory Declaration Act 1959 amended is guilty of an offence against this Act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding 6 months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.

Persons who can assist with declaration

When the declaration is made inside the Commonwealth:

- a chief magistrate, police magistrate, stipendiary magistrate, resident magistrate or special magistrate;
- a justice of the peace, including a justice of the peace for a State or part of a State, or for a Territory;
- a commissioner for affidavits appointed under the law of the Commonwealth or of a State or Territory;
- a commissioner for declarations appointed by the Attorney General under the Statutory Declarations Act 1959 or under a State act;
- a notary public; or
- a person before whom a statutory declaration may be made under the law of the State in which the declaration is made.