

## Section 1: ASSESSMENT CRITERIA - EARLY RELEASE OF SUPERANNUATION ON FINANCIAL HARDSHIP GROUNDS

### The rules

The grounds for financial hardship release are specified by the Commonwealth's Superannuation Industry (Supervision) Regulations, and adopted in the WA State Superannuation Regulations that govern GESB schemes. These grounds state that:

- you must have received Commonwealth income support payments for a continuous period of at least 26 weeks
- you are still receiving that Commonwealth income support payment at the date of the letter from Centrelink or the Department of Veteran Affairs (referred to below); and
- you are unable to meet reasonable and immediate family living expenses\*.

\* *Definition of immediate family living expenses:*

- A family expense is generally considered an expense that is incurred or required to meet the needs of the family
- GESB may allow for a release to cover future family living expenses it considers you clearly will be unable to meet
- With credit cards and other loans it is only the amount that is due at the time of the application that can be considered an immediate living expense.

### *Current Expenses Claimed for Release*

You must supply current bills/expenses for immediate family living expenses. 'Current' means due and payable within 30 days of us receiving your application. If the expense falls outside of this 30 days, it will not be included in the assessment of the claim.

Bills already paid are not eligible for consideration in the assessment of your claim, as the expense has already been met. However, where a credit card or loan has been used to pay the expense and proof can be supplied (such as a credit card statement) showing this expense has been paid within the last 90 days, this will be considered in the assessment of your claim.

### What you will need to provide

GESB will assess your application against the above criteria to release the funds. Therefore, it is important for you to provide as much current information as possible to meet that criteria.

To assess your application, please send us the following information:

- A correctly completed *Application for Early Release of Superannuation Benefits* form. This may take some time for you to consider, but it is essential you include all financial details to support your claim.
- A valid letter from [Centrelink](#) (Q230) or the [Department of Veteran Affairs](#) confirming your financial situation. This letter must be dated within 21 days of GESB receiving your application. You may like to organise the Centrelink letter after you've collated all other documents so that the letter does not become out of date.
- A Statutory Declaration confirming that the information you have provided is true and correct. This should be made before a person authorised to witness statutory declarations.

- Copies of current unpaid bills or quotes for family living expenses supporting your claim that are dated within 30 days of the date of this application. Written quotes should include the ABN and contact details of the company providing the quote. If these bills are out of date, we will contact you for the current bills.

### Release of funds to your account

A release can be approved under the grounds mentioned if GESB considers you do not have the financial capacity to meet an expense arising from that ground.

The release of superannuation on financial hardship grounds is restricted to one payment in any 12 month period. The maximum release per application is restricted to \$10,000 gross (ie before tax).

If your claim is declined or the amount released to you is less than the amount requested, you will be given the opportunity to provide additional information to support your claim further.

#### Note for Gold State Super (GSS) Members

If your application is successful a discount factor may apply. In this case the Contributory Service Component of your benefit is subject to a discount factor of 1.75% pa for every year you are under age 55. We strongly advise you contact GESB to discuss your personal situation before proceeding further.

### Submitting your application

You must provide everything requested in this pack. Once you have compiled the details, please tick off the checklist below to make sure you have included everything in your application. Your application cannot be approved with missing information.

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#### CHECKLIST



Before sending your application, have you:

- ☐ Completed ALL of the details in Section 2: *Application for Early Release of Superannuation Benefits* and signed it?
- ☐ Provided a Q230 letter from Centrelink or a letter from the Department of Veteran Affairs dated within 21 days of your application?
- ☐ Provided current unpaid bills or quotes that are payable within 30 days?
- ☐ Had the Statutory Declaration signed by one of the appropriate professionals listed?
- ☐ Provided a photocopy of your bank statement confirming your BSB and account details?
- ☐ Provided a certified copy of your Drivers Licence, Passport or Birth Certificate plus Marriage Certificate/Deed Poll if your name has changed?
- ☐ Completed the Tax File Number form?

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Please send all of the above documentation to:

GESB  
PO Box J 755  
PERTH WA 6842

If you have not provided the above, or if the information is out of date, we will contact you to provide the required information.

Note: This completed form (or copy) will not be made available to any other person (except under a Court Order).

## Section 2: APPLICATION FOR EARLY RELEASE OF SUPERANNUATION BENEFITS (Financial Hardship)

### **A. PERSONAL DETAILS**

GESB Member Number

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Title (*Please circle*) Miss/Mrs/Ms/Mr

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Your daytime contact telephone number (*if available*) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please list your dependants. If you have more than four dependants attach a separate list.**

	Name	Relationship to You	Age
Spouse	_____	_____	_____
Dependant 1	_____	_____	_____
Dependant 2	_____	_____	_____
Dependant 3	_____	_____	_____

#### ***Definition of 'dependant'***

What is a dependant?

Broadly speaking, your dependants are:

- your partner or spouse;
- your children (provided they are not living independently from you); and/or
- anyone else who is dependant on you for financial, domestic or personal support (e.g. an elderly parent who lives with you).

This means that relatives are only dependants if they rely on you for financial, domestic or personal support.

## **B. FINANCIAL STATEMENT**

Please complete the following fortnightly Financial Statement in full. It is important to provide sufficient information for an accurate assessment of your financial position to be made. Please provide recent evidence of your income and assets eg pay slips, bank statements etc.

### **FORTNIGHTLY INCOME**

#### **Wages**

1<sup>st</sup> Person \$ \_\_\_\_\_  
2<sup>nd</sup> Person \$ \_\_\_\_\_  
Centrelink Payment 1 \$ \_\_\_\_\_  
Centrelink Payment 2 \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_  
Rental Income \$ \_\_\_\_\_  
Investment Income \$ \_\_\_\_\_  
Any other income \$ \_\_\_\_\_

**TOTAL FORTNIGHTLY** \$ \_\_\_\_\_

#### **INCOME**

### **ASSETS**

Cash \$ \_\_\_\_\_  
Vehicles \$ \_\_\_\_\_  
Family Business \$ \_\_\_\_\_  
Real Estate \$ \_\_\_\_\_  
Shares/Bonds \$ \_\_\_\_\_  
Household goods \$ \_\_\_\_\_  
Other (Please list) \$ \_\_\_\_\_

Please provide evidence of your expenses and liabilities, eg copies of recent bills and accounts.

### **FORTNIGHTLY LIVING EXPENSES**

#### **Housing**

Rent/Board \$ \_\_\_\_\_  
Mortgage \$ \_\_\_\_\_  
Water rates/Consumption \$ \_\_\_\_\_  
Council rates \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Home maintenance \$ \_\_\_\_\_  
Garden \$ \_\_\_\_\_

#### **Utilities**

Electricity \$ \_\_\_\_\_  
Gas/wood \$ \_\_\_\_\_  
Telephone: Home \$ \_\_\_\_\_  
Telephone: Mobile \$ \_\_\_\_\_  
Internet \$ \_\_\_\_\_

#### **Household**

Food/Groceries \$ \_\_\_\_\_  
(include Milk & Bread)

Take away/Eat out \$ \_\_\_\_\_  
Lunches \$ \_\_\_\_\_

### **Other expenses**

Clothing \$ \_\_\_\_\_  
Hairdresser \$ \_\_\_\_\_  
Gambling/Lotto \$ \_\_\_\_\_  
Cigarettes \$ \_\_\_\_\_  
Alcohol \$ \_\_\_\_\_  
Rental of h/hold items \$ \_\_\_\_\_  
Sports/Hobbies \$ \_\_\_\_\_  
Entertainment \$ \_\_\_\_\_  
Pocket money \$ \_\_\_\_\_  
Personal spending \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_  
Gifts \$ \_\_\_\_\_  
Pets \$ \_\_\_\_\_  
Bank fees \$ \_\_\_\_\_  
Subscriptions \$ \_\_\_\_\_  
Holidays \$ \_\_\_\_\_  
Personal Insurance/Super \$ \_\_\_\_\_  
Tax \$ \_\_\_\_\_

**TOTAL FORTNIGHTLY LIVING** \$ \_\_\_\_\_

#### **EXPENSES**

		PAYMENTS			
Medical		Creditor		Fortnightly Payment	Balance Outstanding
Doctor/Dental	\$ _____	Finance Companies			
Insurance/Ambulance	\$ _____	_____		\$ _____	\$ _____
Chemist	\$ _____	_____		\$ _____	\$ _____
		_____		\$ _____	\$ _____
<b>Transport</b>		Credit Cards			
Petrol/Parking	\$ _____	_____		\$ _____	\$ _____
Maintenance	\$ _____	_____		\$ _____	\$ _____
Reg/Insurance/Licence	\$ _____	_____		\$ _____	\$ _____
Bus/Train/Taxi	\$ _____	_____		\$ _____	\$ _____
		School Fees		\$ _____	\$ _____
<b>Education</b>		Car Repayments		\$ _____	\$ _____
Fees/Uniforms	\$ _____	Other			
Books	\$ _____	_____		\$ _____	\$ _____
Play group	\$ _____	_____		\$ _____	\$ _____
Day Care	\$ _____	_____		\$ _____	\$ _____
		<b>TOTAL PAYMENTS</b>		<b>\$ _____</b>	<b>\$ _____</b>

### Section 3 – RELEASE REQUEST

1. Please provide reasons for applying for the early release of your superannuation benefits.

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2. Indicate the amount you wish to withdraw. This is the amount you need to meet immediate family living expenses that you currently are unable to meet. (Withdrawals may be subject to taxation and fees).

\$\_\_\_\_\_ (Net of taxation and charges)

I \_\_\_\_\_ (insert name) give permission for the following people to be contacted for the purpose of assessing this application. (These people should be able to provide information regarding your financial circumstance.)

Name	Relationship	Telephone Number	What can be discussed
_____	_____	_____	_____
_____	_____	_____	_____

**We will need to contact you if you have not provided all of the required information.**

Do you give permission for messages to be left on your answering machine? Yes ☐ No ☐

## Section 4 - STATUTORY DECLARATION

(1) Insert name, address and occupation of the person making the declaration

I / (1) , \_\_\_\_\_  
of \_\_\_\_\_  
\_\_\_\_\_

do solemnly and sincerely declare that the information provided by me in the Application attached to this 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 and realistically speaking) 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 living expenses and I am not applying for a similar payment from another superannuation fund.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. I make this solemn declaration by virtue of the Oaths, Affidavits and Statutory Declarations Act 2005 as amended and subject to the penalties provided in that Act for the making of false statements in the statutory declaration, conscientiously believing the statements contained in the declaration to be true in every particular.

(2) Ordinary signature of declarant.

This declaration is made under the Oaths, Affidavits and Statutory Declarations Act 2005 at:

..... (place)  
on..... (date)  
by ..... (your signature)

in the presence of -

..... (signature of authorised witness)  
..... (name of authorised witness)  
..... (qualification of authorised witness)

Note - Under the Criminal Code Act 1913, any person who knowingly makes a statement that is false in a material particular in a statutory declaration is guilty of a crime and is liable to imprisonment for 5 years. If the offence is prosecuted summarily, the penalty is imprisonment for 2 years and a fine of \$24,000.

## Section 5 – AUTHORISATION

If any funds are released, I authorise GESB to deposit the funds into my bank account.

Signature of Member \_\_\_\_\_

Date \_\_\_\_\_

### **Your Bank Details**

Bank Name \_\_\_\_\_

Branch Address (Suburb only) \_\_\_\_\_

Branch Number (BSB) \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

**Please attach a photocopy of your bank statement to confirm your BSB Number, Account Name and Number.**

(This information will be used solely for making payments to your bank account if you are successful in obtaining an early release of superannuation benefits.)

I request that you process my request for early release of superannuation benefits in accordance with my instructions and the requirements of the relevant Act and Regulations.

I certify the details on this application to be true and accurate.

I certify that I will use the money released from my superannuation fund for the purpose for which it has been released.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_



## **How to provide certified documents**

Three steps will ensure you have your documents certified correctly:

1. Take a photocopy of ORIGINAL documents. For example your licence or passport as proof of identification.
2. Take the photocopies plus the originals to an authorised person (listed below).
3. Ask the authorised person to provide the following information on every single photocopy:
  - Stamp each page with “certified true copy”
  - Provide their printed name, date, qualification and signature on each photocopy.

All copied pages of original proof of identification documents (including any linking documents if you have changed your name) need to be certified. If they are not, we will contact you to provide this documentation.

## **List of authorised individuals to sign proof of identification**

The following people can certify copies of your original documents as true and correct copies:

- A permanent employee of Australia Post with five or more years of continuous service who is employed in an office supplying postal services to the public
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- A police officer
- A Justice of the Peace
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- A notary public
- A registrar or deputy registrar of a court
- An Australian consular officer or an Australian diplomatic officer
- A judge of court
- A magistrate
- A Chief Executive Officer of a Commonwealth court

## **List of authorised individuals to sign a Statutory Declaration**

The following people can sign the Statutory Declaration:

- Chiropractor
- Dentist
- Legal practitioner,
- Medical practitioner,
- Nurse, optometrist,
- Patent attorney,
- Pharmacist,
- Physiotherapist,
- Psychologist,
- Trade marks attorney,
- Veterinary surgeon.