



ACCESS-HDS
08/14

Application for Early Release of MilitarySuper Preserved and/or Ancillary Benefits on the grounds of Severe Financial Hardship

Before you use this form

Before completing this benefit application form, it is recommended that you read the **MilitarySuper Product Disclosure Statement (PDS)** which is available from the MilitarySuper website militarysuper.gov.au or by phoning **1300 006 727**.

Additional information is also available on the Publications section of the MilitarySuper website.

Who should use this form

- Use this application if you have a preserved benefit or an ancillary benefit in the Military Superannuation and Benefits scheme (MilitarySuper) and you wish to apply for an early release of those benefits on the grounds of **severe financial hardship**

OR

- You wish to advise payment arrangements for early release of preserved or ancillary benefits in MilitarySuper on **specified grounds** (see page 4) granted under a determination made by the Department of Human Services (DHS). This is explained further on page 4 under the heading 'DHS Releases'.

Who is eligible for early release of benefits?

- You are eligible to apply for an early release of your MilitarySuper preserved benefit or ancillary benefit if at the time of your application:
 - you have been in receipt of Commonwealth income support payments for a continuous period of 26 weeks (if you have reached your preservation age, you can access both a member and an employer component of a preserved benefit and an ancillary benefit at any time)
 - you are unable to meet reasonable and immediate family living expenses.

Note: If you are in receipt of Commonwealth income support payments, including Commonwealth Development Employment Projects (CDEP) Scheme payments, from Centrelink you need to complete the 'Authority to Request Information from Centrelink' (See **Attachment A**).

If you are in receipt of Commonwealth income support payment from the Department of Veterans' Affairs (DVA) you must provide a letter from DVA titled 'Release of Superannuation Benefits on Hardship Grounds - Income Support Requirement met'.

- Only DHS can agree to release of monies on **specified grounds**.

All enquiries regarding applications for early release on these grounds should be directed to DHS on **1300 131 060**. An application form is also available from the DHS website at humanservices.gov.au

If DHS has already approved the release of your MilitarySuper preserved or ancillary benefit on **specified grounds**, you only need to complete **Parts A, C, D, E and F** and also provide certified copies of the required number of identifying documents listed in **Part G** of this application. You will need to supply an original copy of the DHS approval letter with your application.

You do not need to return this page with your form.

1 of 23

Completing this form

Complete:

- › **Part A:** About yourself
- › **Part B:** Statutory Declaration
- › **Part C:** Claim on specific grounds
- › **Part D:** Payment arrangements
- › **Part E:** Surcharge
- › **Part F:** Acknowledgement
- › **Part G:** Tax File Number
- › **Part H:** Identification requirements
- › **Part I:** Privacy

Then lodge with MilitarySuper at the address in **Part J**.

Important Information

The fact that you may be in receipt of Commonwealth income support payments does not automatically lead to the conclusion that you are suffering severe financial hardship. The onus of satisfying the Commonwealth Superannuation Corporation (CSC) (or in most cases, a delegate of CSC) that you meet the guidelines for early release on the grounds of severe financial hardship rests with you.

Therefore it is important that you furnish all the necessary information and documentation identified in this application to assist the delegate to make a decision. It can be expected the delegate will make a decision based on the information you provide when you lodge your application (that is, the delegate will not generally seek any further information from you).

If you have previously had an amount released on the grounds of severe financial hardship, it would assist the delegate if you would provide a report from a financial counselling service (Centrelink provides an independent, free and confidential service) to demonstrate that you are taking active steps to alleviate the hardship. A similar report might also assist the delegate in circumstances where your discretionary expenditure exceeds your income. In this regard, you should note that the delegate's role is not to release benefits simply to address a deficiency between income and expenditure.

Definitions

To be '**Unable to meet reasonable and immediate family living expenses**' means that there is a gap between your (or your family's) income and your (or your family's) expenses which are associated with everyday living and you have no assets which could be used or sold to cover the gap apart from the assets of the superannuation benefits.

An '**immediate**' living expense is one that is, at the time of the early release application, due and payable (that is, you have been notified of a debt and it has not been paid by the date it has been required to be paid).

'**Family**' is given a broad interpretation to reflect changing social values. Clearly covered would be spouses, de facto partners, parents living with a member, children and stepchildren. Also covered would be same-sex couples living in a bona fide domestic relationship and foster children.

Commonwealth Income Support

To qualify for early release of your preserved or ancillary benefits in **MilitarySuper**, you must have been on Commonwealth income support for a continuous period of 26 weeks.

Such support payments include:

- › Income support supplements
- › Service pensions
- › Social Security benefits
- › Social Security pensions

Family allowance, Austudy payments or youth allowance payments in relation to full-time study are not included.

Documentation required to support your application

You are required to provide current and valid documentary evidence in support of your application. **Attachment B** contains a list of documents that you are required to provide to support your claims.

Note: The evidence you provide (other than credit card transaction history) must not be dated more than 21 days prior to the date you sign this application form.

Attachments

You are required to complete and forward the following attachments with your application. If the attachments are not completed properly, your application for early release may not be considered.

Your application will only be assessed based on the information you provide. The delegate will not generally seek any additional information from you, so it is important that you provide all necessary details/information/documentation with this application.

Attachment A – Authority to Request Information from Centrelink

You are required to complete this authority to enable us to confirm with Centrelink that you are in receipt of a Commonwealth income support payment. If you do not complete this form, your application may be rejected as the delegate will not be able to confirm that you are in receipt of a Commonwealth income support payment.

Attachment B – Documents required to support an application for early release of benefits on severe financial hardship grounds

Attachment B sets out the types of documents you are required to provide as evidence to support your claim that you are suffering severe financial hardship. You may provide additional relevant documentation to support your claim should you so wish. Any documentation you do provide in support of your application (other than credit card transaction history) must not be dated more than 21 days prior to the date you sign this application form.

Attachment C – Statement of Fortnightly Household Income and Expenditure

You are required to provide the information in this attachment. If you do not do so, the delegate cannot determine your application. The information you provide in this attachment should reflect your current situation. Please note that the items listed are a guide only. You may include other items as necessary.

Attachment D – Statement of household assets and liabilities

The delegate takes into consideration the value of household assets and liabilities when deciding whether or not you are in severe financial hardship. **Attachment D** of this application requires you to provide an estimate of household assets (that is, the things the household owns) and liabilities (that is, what the household owes). Things considered to be assets are: cars, the amount in bank accounts, household goods, shares/bonds and other investments.

When estimating the value of assets please use the resale value rather than the replacement value. For example, if you are valuing a car, use the price that you could sell the car for, not the cost of buying a new, similar car.

Amounts that can be paid

Generally, the amount released is limited to so much as is necessary to alleviate your financial hardship. Only one payment, in the form of a lump sum, can be made in any 12 months period commencing on the date of the first payment. The minimum amount that can be released is \$1,000 before tax (or the value of your benefit if it is less than \$1,000) and the maximum amount that can be released in any twelve months is \$10,000 before tax.

MilitarySuper preserved benefit Members and MilitarySuper and DFRDB Members with ancillary benefits acknowledgement

MilitarySuper preserved benefit members and members with MilitarySuper ancillary benefits seeking an early release of all or part of their benefits need to understand that their overall benefit will be reduced when their benefits becomes payable under the MilitarySuper Rules if they are granted early access to their benefit. Members seeking early release are required to acknowledge this at **Part F**.

Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, MilitarySuper is required to deduct tax at the highest Marginal Tax Rate plus Medicare levy from a payment if a person does not provide a Tax File Number (TFN).

If you have not been issued a TFN you should lodge an Australian Taxation Office Application/Enquiry form with the Australian Taxation Office (ATO). Forms are available at all Taxation Offices. You must provide proof of identity at the time you lodge the form.

Department of Human Services Releases

MilitarySuper preserved benefit members and MilitarySuper members with ancillary benefits may consider asking DHS to approve the release of their preserved or ancillary benefits on other **specified grounds**. Some examples of the types of expenses these members may be able to claim include:

- › Medical expenses
- › Renovations to your home necessitated by severe disability
- › Mortgage payments – to prevent loss of your home

Only DHS can agree to the release of monies on the specified grounds listed above.

All enquiries regarding applications for early release on these grounds should be directed to DHS on **1300 131 060**.

Postal address is – Early Release of Superannuation Benefits
PO Box 1001
Tuggeranong DC
ACT 2901

An application form is also available from the DHS website at **humanservices.gov.au**

If DHS has already approved the release of your MilitarySuper preserved or ancillary benefit, you only need to complete **Parts A, C, D, E, F** and **G** and also provide certified copies of the required number of identifying documents listed in **Part H** of this application. You will need to supply an original copy of the DHS approval letter with your application.

Note: Only DHS and not a delegate of CSC can decide to release monies for expenses claimable on **specified grounds**.

Privacy

CSC and its Administrator, ComSuper, are collecting the information on this form for the following reasons:

- › to confirm your identity
- › to assess your eligibility for payment/rollover of the benefit
- › to record up to date details relating to your spouse (if applicable) for future benefit eligibility
- › to pay your benefit or to roll it over
- › to contact you.

CSC and ComSuper are committed to protecting any personal information we hold about you. Your information will not be used for any other purpose or disclosed to another party unless:

- › you authorise us to do so
- › the disclosure is authorised by law. This may include disclosing your personal information to other Government agencies that have specific legislative authority to collect this information (for example the Australian Taxation Office, Centrelink or the Department of Veterans' Affairs). We will not disclose your personal information to these agencies unless it is lawful to do so
- › it is to an Independent Research Firm who may, on our behalf, invite you to participate in a survey about our service (they are required to protect this information from disclosure to another party). If you do not want your contact details passed to this firm, please put a cross in the box at **Question 15** of the benefit application form.

You do not need to return this page with your form.

Product Disclosure Statement

Before completing this benefit application form, it is recommended that you read the **MilitarySuper PDS** which is available from the MilitarySuper website **militarysuper.gov.au** or by phoning **1300 006 727**.

Member Checklist

A member checklist has been attached at the end of this application to enable you to confirm that you have provided all the information required so that your application can be processed without delay.

Contact us

We must provide you with any information you need to understand your benefit entitlements.

If you have any further questions about your benefit entitlements or investment options you can contact us in the following ways:

Visit

56 Chandler Street
Belconnen ACT 2617

Phone

1300 006 727
for the cost of a local call

Mail

GPO Box 2252
Canberra ACT 2601

Fax

(02) 6272 9617

Internet

militarysuper.gov.au

Email

members@enq.militarysuper.gov.au

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Application for Early Release of MilitarySuper Preserved and/or Ancillary Benefits on the grounds of Severe Financial Hardship

PART A

About yourself

1.

Service number/MilitarySuper Reference Number

2.

Salutation

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other

Surname

Given name(s)

3.

Former surname (if applicable)

If you have changed you name, please provide documents that confirm both your previous and current name, such as, Marriage certificate, Birth certificate, or Deed Poll (name change) certificate. Certified copies are acceptable.

4.

Date of birth

D

D

M

M

Y

Y

Y

Y

5.

Postal address

POSTAL ADDRESS

SUBURB

STATE

POST CODE

Residential address

RESIDENTIAL ADDRESS

SUBURB

STATE

POST CODE

6.

Contact details

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Email address

@

PART B

Statutory Declaration

7. I,

FULL NAME

[illegible]

of

RESIDENTIAL ADDRESS

[illegible]

SUBURB

[illegible]

STATE

--	--	--

POST CODE

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hereby apply for the early release of my preserved/ancillary benefit on the grounds of severe financial hardship and make the following declaration under the *Statutory Declarations Act 1959*:

- i) I have been in receipt of Commonwealth income support payments for at least 26 weeks.
- ii) I am unable to meet reasonable and immediate family living expenses.
- iii) The information I have provided in relation to this application, including the information in the attachments to this application and any documentary evidence attached to this application, is true and correct to the best of my knowledge and belief.

I propose to apply any amount released to meet the following overdue amounts:

Purpose of release monies

- | | | | | | | | | | | | | | | | |
|----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <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"/> | <input type="text"/> | <input type="text"/> |
| 2. | <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"/> | <input type="text"/> | <input type="text"/> |
| 3. | <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"/> | <input type="text"/> | <input type="text"/> |
| 4. | <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"/> | <input type="text"/> | <input type="text"/> |
| 5. | <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"/> | <input type="text"/> | <input type="text"/> |
| 6. | <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"/> | <input type="text"/> | <input type="text"/> |
| 7. | <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"/> | <input type="text"/> | <input type="text"/> |
| 8. | <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"/> | <input type="text"/> | <input type="text"/> |

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.

8. Signature of person making the declaration

SIGNATURE

SIGNATURE

9. Declared at,

[illegible]

on

D	D		M	M		Y	Y	Y	Y
		/			/				

10. Signature of person before whom the declaration is made.

Before me.

FULL NAME

[illegible]

Signature and date

SIGNATURE

Date signed

D	D	M	M	Y	Y	Y	Y

Part B continued on next page

11. Full name, qualification and address of person before whom the declaration is made (in printed letters)

	FULL NAME	<div></div>																									
		<div></div>																									
of	RESIDENTIAL ADDRESS	<div></div>																									
		<div></div>																									
	SUBURB	<div></div>													STATE	<div></div>		POST CODE	<div></div>								
Occupation		<div></div>																									

- Note 1** Please refer to pages 22 and 23 of this application form for details of persons before whom a Statutory Declaration can be made.
- Note 2** A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of four years – see section 11 of the *Statutory Declarations Act 1959*.
- Note 3** Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* – see section 5A of the *Statutory Declarations Act 1959*.

PART C

Claim on specified grounds

12. I,

	FULL NAME	<div></div>																									
		<div></div>																									
of	RESIDENTIAL ADDRESS	<div></div>																									
		<div></div>																									
	SUBURB	<div></div>													STATE	<div></div>		POST CODE	<div></div>								

hereby apply for part/all of my MilitarySuper preserved/ancillary benefit following approval by the Department of Human Services (DHS) for early release on specified grounds

I have enclosed the original written determination by DHS dated:

on	<div></div> <div>D</div>	<div></div> <div>D</div>	/	<div></div> <div>M</div>	<div></div> <div>M</div>	/	<div></div> <div>Y</div>	<div></div> <div>Y</div>	<div></div> <div>Y</div>	<div></div> <div>Y</div>
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confirming that I have satisfied the condition of release of my MilitarySuper preserved/ancillary benefit on specified grounds. **Please note, faxed or photocopied DHS determinations are not acceptable. MilitarySuper must receive the original documentation from DHS.**

I request that the part of my benefit released on specified grounds by DHS be paid into the account shown in **Part D** of this application.

Your signature

SIGNATURE

Date signed

<div></div> <div>D</div>	<div></div> <div>D</div>	/	<div></div> <div>M</div>	<div></div> <div>M</div>	/	<div></div> <div>Y</div>	<div></div> <div>Y</div>	<div></div> <div>Y</div>	<div></div> <div>Y</div>
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PART D

Payment Arrangements

13. Give details of the account you want your benefit paid into. The account must be in Australia.

Type of financial institution

☐ Savings bank ☐ Building Society ☐ Trading bank ☐ Credit union

Name of institution

[illegible]

Branch name

[illegible]

Branch (BSB) number

	=		
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Account number

--	--	--	--	--	--	--	--	--

Account held in
name(s) of (must
include your name)

[illegible]

PART E

Surcharge

14. If you have a Superannuation Contributions Surcharge debt, do you want it:
(Note: Choose one option only.)

☐ Retained as a debt against your preserved benefit

Note: The debt will attract interest but you can make payments against the debt at any time

☐ Deducted from your Member Benefit lump sum

☐ Deducted from any Ancillary Benefit you are claiming

PART F

Acknowledgement

15. I,

FULL NAME

[illegible]

acknowledge and accept that the early release of all or part of my MilitarySuper preserved benefit or my ancillary benefit in MilitarySuper means my overall benefit will be reduced when the benefit becomes payable under the MilitarySuper Rules.

Your signature

SIGNATURE

SIGNATURE

Date signed

D	D

/

M	M

/

Y	Y	Y	Y

PART G

Tax File Number

16. **Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your TFN, which will only be used for lawful purposes.**

These purposes may change in the future as a result of legislative change. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider. It is not an offence not to quote your TFN. However, giving us your TFN will have the following advantages (which may not otherwise apply):

- › we will be able to accept all types of contributions (subject to scheme rules);
- › the tax on contributions to your superannuation account/s will not increase;
- › other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- › it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit will be paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

If you have already provided your TFN to us, you are under no obligation to provide it again in this application.

Your Tax File
Number

				-					-			
--	--	--	--	---	--	--	--	--	---	--	--	--

Your Tax File Number remains confidential

PART H

Identification Requirements

17. To protect your benefit against fraud, money laundering and terrorism financing, under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* you must prove your identity. To do this you will need to provide identification documents which **total at least 100 points**. Each document is valued at 70, 40 or 25 points. For example your birth certificate and driver's licence total 110 points.

You can elect to have these documents verified electronically by completing the section **Verify my identity electronically**.

OR

You can provide certified hard copy documents by completing the section **Verify my identity using certified documents**.

An electronic copy of documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purposes of confirming your identity.

Verify my identity electronically

Your documents will be verified electronically using Document Verification Service (DVS), a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.

I agree to the use of DVS to verify my documents ☐

You need to provide the requested details of documents (exactly as they appear on the documents) which **total at least 100 points**.



Note that if you do not agree, you will need to provide certified hard copy documents and complete the section 'Verify my identity using certified documents.'

70 points

You can only provide the details of **one** document valued at 70 points.

Australian Birth Certificate

Family name:	<input type="text"/>
Given name(s):	<input type="text"/>
Birth date:	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/>
Registration State:	<input type="text"/>
Registration No:	<input type="text"/>
Registration date:	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/>
Date printed:	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/>
Certificate No:	<input type="text"/>

OR

Australian Citizenship Certificate

Family name:	<input type="text"/>
Given name(s):	<input type="text"/>
Date of birth:	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/>
Stock No:	<input type="text"/>
Acquisition date:	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/>

OR

Current Australian Passport

Family name:	<input type="text"/>
Given name(s):	<input type="text"/>
Date of birth:	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/>
Document No:	<input type="text"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female

Part H continued on next page

40 points**Australian Driver's Licence or another licence or permit issued under a law of the Commonwealth, a state or territory**

Family name:	<input type="text"/>																								
Given name:	<input type="text"/>																								
Middle name:	<input type="text"/>																								
Date of birth:	<table><tr><td><small>D</small></td><td><small>D</small></td><td></td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td></td></tr></table> <table><tr><td><small>M</small></td><td><small>M</small></td><td></td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td></td></tr></table> <table><tr><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<small>D</small>	<small>D</small>			<input type="text"/>	<input type="text"/>	/		<small>M</small>	<small>M</small>			<input type="text"/>	<input type="text"/>	/		<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<small>M</small>	<small>M</small>																								
<input type="text"/>	<input type="text"/>	/																							
<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
Licence No:	<input type="text"/>																								
State of issue:	<input type="text"/>																								

25 points

You can provide the details of more than one document valued at 25 points and points will accumulate.

Marriage Certificate or Change of Name Certificate

Type of Certificate	<input type="radio"/> Marriage <input type="radio"/> Change of Name																								
Family name (new):	<input type="text"/>																								
Given name(s) (new):	<input type="text"/> <input type="text"/>																								
Family name (old):	<input type="text"/>																								
Given name(s) (old):	<input type="text"/> <input type="text"/>																								
Date of event: (Date of Birth or Date of Marriage)	<table><tr><td><small>D</small></td><td><small>D</small></td><td></td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td></td></tr></table> <table><tr><td><small>M</small></td><td><small>M</small></td><td></td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td></td></tr></table> <table><tr><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<small>D</small>	<small>D</small>			<input type="text"/>	<input type="text"/>	/		<small>M</small>	<small>M</small>			<input type="text"/>	<input type="text"/>	/		<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Registration State:	<input type="text"/>																								
Registration date:	<table><tr><td><small>D</small></td><td><small>D</small></td><td></td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td></td></tr></table> <table><tr><td><small>M</small></td><td><small>M</small></td><td></td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td></td></tr></table> <table><tr><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<small>D</small>	<small>D</small>			<input type="text"/>	<input type="text"/>	/		<small>M</small>	<small>M</small>			<input type="text"/>	<input type="text"/>	/		<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Certificate No:	<input type="text"/>																								

Part H continued on next page

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[illegible][illegible]

☐ Green ☐ Blue ☐ Yellow

D D / M M / Y Y Y Y

I wish to verify my identity using certified documents ☐

14 of 23

Certifying your documents

The following sample of certifying authorities can certify your documents:

- › Justice of the Peace (JP)
- › Pharmacist
- › Police officer
- › Medical practitioner
- › Legal practitioner enrolled on the roll of a supreme court or the High Court of Australia
- › Bank officer with two or more continuous years of service
- › Permanent employee of Australia Post with two or more years of continuous service
- › Member of the Australian Defence Force who is:
 - › an officer or a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with two or more years of continuous service; or
 - › a warrant officer within the meaning of that Act

For a full list of certifying authorities refer to the *Statutory Declarations Regulations 1993* available at comlaw.gov.au

The certifying authority must confirm in writing that you are the valid holder of the identification that you are presenting and that any copies are true copies of the original. The certification must include the name, address, occupation, telephone number, registration number of the certifying authority (if applicable) and the date of the certification.

If you live overseas and need to have documents certified or make a statutory declaration, it needs to be done by a person who is on a list of persons before whom a statutory declaration may be made and who has a connection to Australia. For example a doctor who is registered in Australia and working overseas or an Australian Consular Officer. Refer to ag.gov.au and dfat.gov.au for more information.

PART I

Privacy

18. I, declare that:

- › I declare that the information I have provided is true and correct to the best of my knowledge. I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents.
- › I have read the **MilitarySuper Product Disclosure Statement (PDS)** and I understand the options available for my benefit entitlement
- › I have read and understood the information set out in **Part G** – I understand that supplying my Tax File Number (TFN) is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal tax rate
- › the Tax File Number I have provided is the same number advised to me by the Australian Taxation Office

I understand that if I have not provided all the required information, this application may be returned to me for completion and payment may be delayed.

Signature and date

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

- ☐ I do not want my contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by MilitarySuper.

PART J

Lodgement

19. Post your completed original application and attachments to:

MilitarySuper
GPO Box 2252
Canberra ACT 2601

END FORM

Attachment A

Authority to Request information from Centrelink

20. Date of birth

D

D

/

M

M

/

Y

Y

Y

Y

Your Centrelink Reference Number

I authorise CSC and ComSuper, as administrator of MilitarySuper, to confirm with Centrelink that :

- > my name, date of birth and Centrelink Reference Number (CRN) supplied above match Centrelink records, and
- > I have received a qualifying income support payment for the period required to qualify for the early release of my MilitarySuper preserved/ancillary superannuation benefit on the grounds of severe financial hardship.

I understand that CSC and ComSuper will use the information collected on the basis of this authority only for the purpose of determining my eligibility to receive an early release of my MilitarySuper preserved/ancillary benefits on the grounds of severe financial hardship.

I understand that CSC and ComSuper will not use this information for another purpose, or disclose it to another party, unless I authorise them to do so or the disclosure is required by law.

Signature and date

SIGNATURE

Date signed

D

D

/

M

M

/

Y

Y

Y

Y

Attachment B

Purposes for which released amounts will be used

The purposes for which the released amounts will be used are:

1.

\$

2.

\$

3.

\$

4.

\$

5.

\$

6.

\$

7.

\$

8.

\$

You are required to provide current documentary evidence that the above debts are now overdue for payment. Note: Please send copies of documents, not originals, as they will be scanned onto your electronic file and then archived. You will also need to demonstrate that the debts are expenses associated with everyday living. You should also understand that the delegate reserves the right to contact any or all of the creditors/suppliers you have nominated to confirm the detail/information/ documentation you have provided.

For example, if you are seeking a release to pay:

- > **credit card debts**, you will need to provide the three consecutive previous monthly statements with the transaction history for each statement. The onus is on you to explain how the expenditure in those statements relates to reasonable and immediate expenses associated with everyday living
- > **bank loans** (or loans from other financial institutions), you will need to provide documentary evidence of the loan, including a copy of the loan contract and demonstrate the loan was obtained to meet reasonable and immediate expenses associated with everyday living. You will also need to provide written evidence indicating the lending institution has commenced formal recovery action to recover the loan (even if this evidence is provided, the delegate may still not release any amount, particularly in circumstances where the delegate is of the view that bankruptcy proceedings are imminent)

- › **personal loans** (that is, loans from an unlicensed creditor), a delegate would not consider releasing an amount to pay a personal loan as these types of loans are not legally enforceable and as such, could not be considered to be a reasonable and immediate expense associated with everyday living
- › **rent arrears**, you will need to provide a letter from your real estate agent/landlord stating the amount owed in arrears. You should also explain how you intend to meet future rent commitments
- › **relocation costs**, you will need to provide an explanation for your relocation, a written quote from a real estate agent setting out the amount required for rent and bond, reasons, if any, that a current bond will not be refunded or reasons why a current bond cannot be applied against a new bond. You will also need to provide a written quote from a removalist if this is part of the costs claimed (the delegate would generally only consider releasing an amount to meet rent and bond and removalist costs in exceptional circumstances)
- › **motor vehicle expenses**, you will need to provide an itemised quote for repairs required to make the vehicle roadworthy (or an invoice for repairs undertaken within the previous 21 days), a registration renewal notice or notice of insurance renewal (the delegate would generally only consider releasing amounts to meet repairs to make a vehicle roadworthy, for registration or insurance in circumstances where the vehicle is used for medical purposes for you or your dependants (written confirmation from a medical practitioner is required) and/or you have no access to public transport)
- › **essential household items**, you would need to provide reasons for requiring the item, a signed statement from a qualified repairer indicating an item cannot be repaired at a reasonable cost and a reasonable quote from two suppliers, including a supplier of second hand goods, to support a claim (it would be highly unlikely a delegate would release an amount to enable a member to purchase assets, even if they are considered essential by a member)
- › **medical/dental expenses**, you will need to provide invoices for emergency medical/dental treatment with an advice from the treating practitioner that the treatment was necessary at the time or a quote for medical/dental treatment that a doctor/dentist certifies is required immediately
- › **utilities**, you will need to provide a copy of the overdue account (the delegate will only consider releasing an amount to pay an overdue amount for telephone (mobile telephone expenses only if there is no landline), electricity and gas, water rates and council rates)
- › **education expenses**, you will need to provide written evidence of enrolment and a quote for the purchase of text books where release is being sought for this purpose, written advice from a school that uniforms are required to be worn, a price list and details of items required where release is being sought for this purpose (a delegate would only consider releasing an amount to pay private school fees or TAFE fees on one occasion only and only upon written evidence of enrolment and of the fact that fees are overdue; a delegate would not consider releasing any amount to pay public school fees)
- › **legal expenses**, any expenses in connection with the defence of unlawful activities are not considered to be immediate expenses associated with everyday living; the delegate would not release amounts to pay these expenses. A delegate may consider releasing amounts to meet expenses associated with family law matters if you provided a copy of the Court Orders and a copy of the Property Settlement
- › **finances**, these are not considered to be immediate expenses associated with everyday living; the delegate would not release amounts to pay fines for breaches of the law
- › **Centrelink debts**, the delegate would not release amounts to pay these debts as these are not considered to be immediate expenses associated with everyday living. Centrelink generally arranges to recover any overpaid amount from subsequent payments
- › **tax debts**, the delegate would not release amounts to pay these debts as these are not considered to be immediate expenses associated with everyday living. In any event, the tax laws provide for a member to apply to the Tax Commissioner for the release from payment of tax debts on the grounds of severe financial hardship
- › **business related expenses**, it is highly unlikely the delegate would consider release to pay business expenses as these generally would not be considered to be expenses associated with everyday living.

Bankrupt members and arrangements under the Bankruptcy Act (forms of insolvency administration)

A delegate will not release any part of a MilitarySuper preserved benefit to meet those liabilities of a MilitarySuper member that led to the member becoming bankrupt or entering into Part IX or X arrangements under the Bankruptcy Act.

Attachment C

Statement of fortnightly household income and expenditure

The figures you provide should reflect your household’s current situation. These items are a guide, you may include other items.

Household comprises of

Adults

Children

21.	Housing	Rent	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		First mortgage	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Second mortgage	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Land rates	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Water rates	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Home & Contents Insurance	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		House repairs	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		House replacements	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Strata plan levies	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Total (1):	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
22.	Utilities	Electricity	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Gas	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Heating (other than gas/electricity)	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Telephone	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Total (2):	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
23.	Transport	Petrol	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Repairs	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Registration	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Insurance	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Licence	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		NRMA or similar	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Fares (Bus, Train, Ferry)	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Total (3):	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
24.	Other Repayments	Car	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Bank Cards	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Credit Cards	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Store Accounts	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Finance Companies	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Loans	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
		Total (4):	\$	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

25.	Food	Groceries	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Meat	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Fruit & Vegetables	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Milk and Bread	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Lunches	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Pet Food	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Total (5):	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		26.	Medical	Health Insurance	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor/Dentist	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Chemist/Vitamins	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Optometrist	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Other (Specify)	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Total (6):	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
27.	Education			School Fees	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Uniforms/School Bags	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Excursions/Sports	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Stationery/Books	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Child Care	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		Total (7):	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
		28.	Other	Maintenance	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Life Insurance	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Clothing/Hair Cut	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Union Fees	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Entertainment	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Sport	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Holidays	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Gifts	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Alcohol	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Cigarettes	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Laundry	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Gambling (Lotto/Scratchies)	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Vet Fees	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Personal Spending	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Total (8):	\$			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Total				Total Expenditure (A):	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Household income
(less tax)**

Salary

\$

Centrelink Benefits

\$

Compensation

\$

Board

\$

Annuity

\$

Maintenance

\$

Other

\$

Total income:

\$ **Attachment D****Statement of household assets and liabilities**

You are required to set out details of the household assets (that is, what the household owns) and household liabilities (that is, what the household owes).

**What the
household owns**

House (main residence)

\$

Any other house/real estate/unit

\$

Motor Vehicle 1

\$

Motor Vehicle 2

\$

Motor Vehicle 3

\$

Caravan

\$

Motor bikes

\$

Furniture and household goods

\$

Tools of trade

\$

Bank Accounts (list)

\$ \$ \$ \$ \$ \$

Shares

\$

Life assurance/annuities

\$

Other investments

\$

Debtors

\$

(that is, those who owe money to you or other members of the household – please list the names and amounts owed)

Other (please list)

\$ \$ \$ \$ **Total:**\$

What the household owes

1st Mortgage	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Mortgage	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loans (specify)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank overdraft	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit cards (list)	\$	<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"/>	<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"/>
	\$	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Store cards (list)	\$	<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"/>	<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"/>
	\$	<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"/>	<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"/>
Creditors	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(that is, those to whom you or other members of the household owe money – please list the names and amounts owed)									
Other (please list)	\$	<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"/>	<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"/>
	\$	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachment E

Member Checklist

Have you:

- › Read the explanatory notes
- › Filled in all sections applicable to you
- › Signed the Statutory Declaration in **Part B** (if applicable)
- › Attached all the requested documentary evidence to support your application (if claiming on financial hardship grounds). Note: Your application will be rejected if you do not provide all necessary information for the delegate to determine whether you are suffering severe financial hardship. The delegate will not generally seek any additional information from you, so it is important that you provide all necessary details/information/documentation with this application.
- › Had the Statutory Declaration at **Part B** witnessed by a qualified person (if applicable)
- › Completed and signed the **Authority to Request Information** from Centrelink at **Attachment A**
- › Set out the purposes for which released monies will be used at **Attachment B**
- › Completed the statement of fortnightly household income and expenditure at **Attachment C**
- › Completed the statement of assets and liabilities at **Attachment D**
- › Provided your bank account details in **Part D**
- › Signed the acknowledgment at **Part F**
- › Provided your Tax File Number at **Part G** (you do not have to complete this part if you have previously provided your Tax File Number. If we do not have your Tax File Number, we are obliged to deduct tax from your payment at the highest marginal tax rate plus Medicare levy)
- › Provided the properly certified documentation set out in **Part H** to confirm your identity
- › If applicable, attached a copy of the DHS release letter
- › Attached a copy of the letter from Department of Veterans' Affairs confirming receipt of Commonwealth income support

Statutory Declaration

PART B of this application requires you to make a Statutory Declaration. A Statutory Declaration under the *Statutory Declarations Act 1959* may be made before:

1. a person who is currently licensed or registered under a law to practise in one of the following occupations:
 - › Chiropractor
 - › Nurse
 - › Physiotherapist
 - › Dentist
 - › Optometrist
 - › Psychologist
 - › Legal practitioner
 - › Patent attorney
 - › Trademarks attorney
 - › Medical practitioner
 - › Pharmacist
 - › Veterinary surgeon
2. a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
3. a person who is in the following list:
 - › Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - › Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
 - › Bailiff
 - › Bank officer with five or more continuous years of service
 - › Building society officer with five or more years of continuous service
 - › Chief executive officer of a Commonwealth court
 - › Clerk of a court
 - › Commissioner for Affidavits
 - › Commissioner for Declarations
 - › Credit union officer with five or more years of continuous service
 - › Employee of the Australian Trade Commission who is:
 - a) in a country or place outside Australia; and
 - b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - c) exercising his or her function in that place
 - › Employee of the Commonwealth who is:
 - a) in a country or place outside Australia; and
 - b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 - c) exercising his or her function in that place
 - › Fellow of the National Tax Accountants' Association
 - › Finance company officer with five or more years of continuous service
 - › Holder of a statutory office not specified in another item in this list
 - › Judge of a court
 - › Justice of the Peace
 - › Magistrate
 - › Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
 - › Master of a court
 - › Member of Chartered Secretaries Australia
 - › Member of Engineers Australia, other than at the grade of student
 - › Member of the Association of Taxation and Management Accountants
 - › Member of the Australasian Institute of Mining and Metallurgy

- › Member of the Australian Defence Force who is:
 - a) an officer; or
 - b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous service; or
 - c) a warrant officer within the meaning of that Act
- › Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- › Member of:
 - a) the Parliament of the Commonwealth; or
 - b) the Parliament of a State; or
 - c) a Territory legislature; or
 - d) a local government authority of a State or Territory
- › Minister of religion registered under Subdivision A of Division 1 of *Part IV of the Marriage Act 1961*
- › Notary public
- › Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- › Permanent employee of:
 - a) the Commonwealth or a Commonwealth authority; or
 - b) a State or Territory or a State or Territory authority; or
 - c) a local government authority;
 with five or more years of continuous service who is not specified in another item in this list
- › Person before whom a Statutory Declaration may be made under the law of the State or Territory in which the declaration is made
- › Police officer
- › Registrar, or Deputy Registrar, of a court
- › Senior Executive Service employee of:
 - a) the Commonwealth or a Commonwealth authority; or
 - b) a State or Territory or a State or Territory authority
- › Sheriff
- › Sheriff's officer
- › Teacher employed on a full-time basis at a school or tertiary education institution

Note 1: 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*. Section 11 of the *Statutory Declarations Act 1959* provides for a penalty of imprisonment for four years.

Note 2: Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* – see section 5A of the *Statutory Declarations Act 1959*.

You do not need to return this page with your form.

23 of 23