

## GUIDE TO COMPLETING THIS FORM

- > Use this form if you are seeking an early release of your superannuation benefits on the grounds of severe financial hardship.
- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS** and then sign the statutory declaration at the end of the form in front of a person authorised to witness statutory declarations.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Questions? Call our Customer Relations team on **1800 819 935** or email [investorservices@advance.com.au](mailto:investorservices@advance.com.au).

### Note:

- > If your account only holds suspended assets and you wish to redeem funds on the grounds of severe financial hardship, please complete the ASIC hardship relief form available from your financial adviser or our Customer Relations team.
- > Once we have received all the documentation required and the Trustee has made a decision to approve your application for early release of superannuation on grounds of severe financial hardship, your funds are normally paid within 10 business days.
- > Privacy laws protect your privacy. Please read our Privacy Policy for more information. A copy can be obtained from our website [advance.com.au](http://advance.com.au).

**PLEASE NOTE THAT THIS FORM CANNOT BE FAXED OR EMAILED.**

### Checklist

- Have you signed and dated this form?
- Have you indicated the amount?
- Have you indicated which declaration you are signing in Section 11, Statutory Declaration?
- Have you attached all relevant supporting documents?
  - Letter from Commonwealth Department or Agency eg Centrelink Q2301/Q251 letter or the DVA
  - Copy of your current bank statement/payslips
  - Copies of outstanding bills to support your claim
  - Certified copy of your identification

## RELEASE OF FUNDS DUE TO SEVERE FINANCIAL HARDSHIP

Your superannuation is an investment for your retirement. In general, the Government does not allow you to have access to your benefits until you retire upon reaching your preservation age. However there are limited circumstances that may enable you to access part (or all) of your benefits prior to retirement, such as if you are in severe financial hardship. The early release of superannuation due to severe financial hardship is not available if you are or were a temporary resident. If you are an Australian citizen, New Zealand citizen, a permanent resident or if you are, at any time, the holder of a Subclass 405 (Investor Retirement) visa or a Subclass 410 (Retirement) visa you are not considered to be a temporary resident, and you may be eligible for release of benefits under severe financial hardship.

There are two categories of severe financial hardship.

**Category A:** You can apply for the early release of your superannuation benefits on the grounds of severe financial hardship if you:

- > have been receiving prescribed Commonwealth income support payments continuously for at least 26 weeks immediately prior to the time of this application, and
- > are able to satisfy the Trustee that you are unable to meet reasonable and immediate family living expenses.

The maximum amount you can receive under this category of hardship is a single lump sum of no more than \$10,000 gross (before tax) in any 12-month period. Your request must be at least \$1,000 (except where your benefits are less than this amount).

**Category B:** You can also apply for the early release of your super on the grounds of severe financial hardship if you:

- > have reached your preservation age (currently 55, depending on your date of birth) and 39 weeks, and
- > have been receiving prescribed Commonwealth income support payments for a cumulative period of at least 39 weeks since reaching your preservation age, and
- > are not employed on a full-time or part-time basis at the time of this application.

If you satisfy the requirements of Category B, you may access your entire benefit.

**Note:** Under both categories, tax may be payable on your withdrawal.



## HOW TO COMPLETE THIS FORM?

For the Trustee to assess your claim please complete the following sections of this form:

**Category A**  Complete sections 1 to 2 and 4 to 11

**Category B**  Complete sections 1 to 6 and 10 to 11

Under both categories, you must provide the relevant written evidence from a Commonwealth Department or Agency. This may include:

- > Centrelink's Q230 letter<sup>1</sup> (under Category A), or
- > Centrelink's Q251 letter (under Category B), or
- > A letter from the Department of Veterans' Affairs or a Commonwealth Community Development Employment Project (CDEP) grantee organisation.

If you are unsure as to whether your payment qualifies as a prescribed Commonwealth income support payment then you should still request written evidence for the trustee to assess your claim.

<sup>1</sup> Written evidence provided from a Commonwealth Department or Agency under Category A is only valid for 21 days and a certified copy or original is required to be attached with this form.

## 1. ADVANCE ACCOUNT NUMBER

### Investor Number

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Gender

Male  Female

Postal address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>		<input type="text"/>
State		Postcode
<input type="text"/>	<input type="text"/>	
Country, if not Australia	<input type="text"/>	

Contact number

Phone (mobile)

Are you an Australian Citizen, a permanent resident of Australia or a New Zealand Citizen?

Yes  No

Have you ever been in Australia on a temporary visa\*?

Yes  No

If yes, please provide your subclass number:

\* A temporary visa is a visa issued under the *Migration Act 1958* that allows a person to remain in Australia during a specified period, until a specified event happens; or while the holder has a specified status.

## 2. TAX FILE NUMBER DECLARATION

If you have not previously supplied your Tax File Number (TFN) you may quote your TFN here.

Tax File Number (TFN)

Before providing your TFN to the Trustee, the Trustee is required to tell you the following:

- > The Trustee is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*.
- > Withholding your TFN is not an offence. However, if you do not supply it you may pay more tax than you would otherwise pay on your benefits. You may be able to reclaim this excess tax from the Australian Taxation Office (ATO). Furthermore, without your TFN it may be more difficult to locate your benefit. These consequences may change in the future.
- > Your TFN will be used for legal purposes only. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on superannuation payments and providing information to the ATO. These purposes may change in the future.
- > If you provide your TFN, it may be provided to another superannuation plan or retirement savings account provider that receives any transferred benefits in the future unless you notify the Trustee in writing not to forward the TFN. In this instance, the TFN may also be given to the ATO.
- > Apart from these uses, your TFN will be kept confidential.

## 3. EMPLOYMENT DECLARATION (CATEGORY B)

I am not currently gainfully employed either full or part time at the time of this claim.

## 4. PAYMENT DETAILS

Subject to the approval of the Trustee, I request

\$  ,  .

gross (before tax).

**Note:** If you are applying under Category A, a maximum withdrawal limit applies. Refer to the Release of funds due to severe financial hardship section on page 1.

Please indicate your preferred payment method should your claim be approved by crossing (X) the appropriate box and completing the relevant details below.

Cheque to my postal address as indicated in Section 1

OR

Credit my financial institution account as detailed below (must be held in your name)

Name of Australian financial institution

Branch name

BSB number

Account number

Account holder's name(s)



**5. PERSONAL TAX DEDUCTION NOTICE (PTDN)**

Please indicate by crossing (X) the appropriate box if you intend to vary or claim a tax deduction for personal contributions made in the current or previous financial year.

**Note:** If you do not complete this section, you confirm that either you have already claimed a tax deduction for these contributions or, you will not claim a tax deduction for these contributions.

- No**, I do not intend to vary or claim a tax deduction
  - Proceed to Section 6
- Yes**, I intend to vary or claim a tax deduction
  - Please complete and attach a Personal Tax Deduction Notice form available from your adviser or the Estate and Claims Management team

**6. YOUR INSURANCE**

- > Death and Total and Permanent Disablement (TPD) cover (if applicable) generally ceases when you cease to be a member of Advance Super Account.
- > Salary Continuance Insurance (if applicable) ceases the date you cease to be a member of Advance Super Account.
- > For more information on insurance, please refer to the Advance Personal Protection Package Product Disclosure Statement.

**7. FINANCIAL DEPENDANTS**

Please list below details of your financial dependants (eg your partner and any children):

Name of dependant	Relationship	Age (years)

If this space is insufficient, please attach additional details to this form.



**8. ADVANCE FINANCIAL HARDSHIP WORKSHEET**

Before completing this worksheet, please read the following information carefully. It explains which expenses may be deemed as reasonable and therefore relevant to the calculation on the worksheet provided.

In completing the worksheet you should specifically address the issues mentioned below if they apply to you.

- > If you are single, the shortfall between your personal income and expenses **OR** if you are living with your spouse, de facto, parents and/or children then the shortfall of your family's combined income and expenses.
- > Reasonable and immediate family expenses are those expenses that are due and payable at the time of application. These may include:
  - > food
  - > home/car loan repayments
  - > rent.
- > Any liabilities and invoices that are outstanding. These may include:
  - > overdue utility bills (eg electricity and telephone)
  - > amount in arrears on credit cards.
- > Any business debts for which you are personally liable may also be considered.

Please note that an anticipated expense is not considered to be an immediate expense unless it becomes payable very shortly, for example to pay for urgent medical treatment, household repairs, etc.

By itemising your current weekly income and expenses, you will be able to determine your weekly shortfall amount.

As you are only able to take one lump sum payment in any 12 month period we recommend you multiply the weekly shortfall amount that you have calculated by 52. The maximum amount you can withdraw in any 12 month period is \$10,000 gross (before tax).

**WEEKLY INCOME (round to the nearest dollar)**

**PLEASE ATTACH TO THIS FORM EVIDENCE OF YOUR INCOME EG PAYSLEIPS, BANK STATEMENTS ETC.**

**Personal**

Estimated Taxable Income for the current financial year (equivalent weekly amount):

Self	\$
Spouse	\$

Are you or any family members currently receiving Commonwealth income support payments (eg Newstart)?

If yes, list the weekly amount for each of the following:

Self	\$
Spouse	\$
Dependants	\$

(If no, have you applied for income support payments? If you have, then note the expected amount that will be paid to each of the above).

**Business**

Net income	\$
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<b>A. TOTAL WEEKLY INCOME</b>	\$
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**WEEKLY EXPENSES (Due and Payable)**

**PLEASE ATTACH TO THIS FORM EVIDENCE OF YOUR EXPENSES EG BILLS, DEFAULT NOTICES, RENTAL NOTICES ETC.**

**Personal**

Home loan repayments	\$
Rent	\$
Personal loan repayments	\$
Credit card repayments	\$
Food	\$
Electricity	\$
Telephone	\$
Gas	\$
Vehicle registration and insurance	\$
Vehicle expenses (loan, rental, fuel, maintenance etc)	\$
Clothing	\$
Education	\$
Medical expenses	\$
Dental	\$
Life insurance premium	\$
Health insurance premium	\$

Other: (Please list below, if you require more space to list expenses, please attach an A4 page to the application which lists these extra expenses)

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

**Business**

Total expenses	\$
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<b>B. TOTAL WEEKLY EXPENSES</b>	\$
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**ONE-OFF EXPENSES (Due and Payable)**

**PLEASE ATTACH TO THIS FORM EVIDENCE OF YOUR EXPENSES EG INVOICES, COURT ORDERS ETC.**

Please list any liabilities and unpaid bills below. If you require more space to list expenses, please attach an A4 page to the application which lists these extra expenses.

	\$
	\$
	\$
	\$
	\$

**C. TOTAL ONE-OFF EXPENSES** \$

**WITHDRAWAL AMOUNT**  
= [WEEKLY SHORTFALL (B – A) x 52] + ONE-OFF EXPENSES (C) = \$

**9. ASSETS**

Please list all assets including financial assets but excluding the family home.

Asset	Approximate value
	\$
	\$
	\$
	\$
	\$

**10. IDENTIFICATION DETAILS**

Please send us certified copies of documents that show your full name and **either** your date of birth **or** residential address.

- > Complete Part A to tell us what documents you are sending us.
- > If you cannot send us a certified copy of a document from Part A, then complete either Part B or Part C.
- > Contact us if you are unable to provide the required documents in Parts A, B or C.
- > **Do not send original documents, only certified copies.** Please refer to the 'How to certify your documents' section for more information.

**Part A – Acceptable primary ID documents**

Cross X	Select ONE valid option from this section only
<input type="checkbox"/>	Certified copy of an Australian State/Territory driver's licence containing a photograph of the person.
<input type="checkbox"/>	Certified copy of an Australian passport (a passport that has expired within the preceding two years is acceptable).
<input type="checkbox"/>	Certified copy of a card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person.
<input type="checkbox"/>	Certified copy of a foreign passport or similar travel document containing a photograph and the signature of the person.*

**OR**

**Part B – Acceptable secondary ID documents**

**Should only be completed if you do not send a certified copy of a document from Part A or Part C**

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	Certified copy of an Australian birth certificate
<input type="checkbox"/>	Certified copy of an Australian citizenship certificate
<input type="checkbox"/>	Certified copy of a Pension card issued by Centrelink
<input type="checkbox"/>	Certified copy of a Health card issued by Centrelink

**AND**

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	Certified copy of a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
<input type="checkbox"/>	Certified copy of a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <b>Block out the TFN before scanning, copying or storing this document.</b>
<input type="checkbox"/>	Certified copy of a document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
<input type="checkbox"/>	If under the age of 18, certified copy of a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school.

**OR**

**Part C – Acceptable foreign ID documents**

**Should only be completed if you do not send a certified copy of a document from Part A or B**

Cross X	BOTH documents from this section must be presented
<input type="checkbox"/>	Certified copy of a Foreign driver's licence* that contains a photograph of you and your date of birth.
<input type="checkbox"/>	Certified copy of a National ID card* issued by a foreign government containing your photograph and your signature.

\* Documents written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

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

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.
Power of Attorney or Guardian	Guardianship Papers, Power of Attorney, Grant of Probate, Letters of Administration, Will or any other documentation confirming your authority to act.



## 11. STATUTORY DECLARATION

Please indicate by crossing [X] the appropriate box to confirm which statutory declaration you are signing.

### For Category A applicants:

- I, the account holder named and described overleaf, do solemnly and sincerely declare that:
1. The information provided by me above is true and correct.
  2. I have not had any superannuation benefits released to me on the grounds of severe financial hardship in the last 12 months.
  3. I am unable to meet my reasonable and immediate family living expenses and I do not have any assets (apart from my home, if it is owned by me) which could reasonably and realistically be used or sold to cover this gap.
  4. The amount I am requesting be released is necessary to meet these reasonable and immediate family expenses.
  5. I understand that if withdrawing in full:
    - > I cease to be a member of Advance Super Account and any insurance cover held will cease.

### For Category B applicants:

- I, the account holder named and described overleaf, do solemnly and sincerely declare that:
1. The information provided by me above is true and correct.
  2. I declare that I am not currently gainfully employed on a full or part time basis at the time of this application.
  3. I understand that if withdrawing in full:
    - > I cease to be a member of Advance Super Account and any insurance cover held will cease.

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 statement contained in the declaration to be true in every particular.

Signature

Declared at (insert town or city where signed)

on (date dd/mm/yyyy)

Witness signature (The witness needs to be a person authorised to take statutory declarations)

Witness given name(s)

Witness surname

Postal address

Country, if not Australia	

Contact number

Qualification

**Note:** A person who wilfully makes a false statement in a statutory declaration under the Statutory Declaration Act 1959 as 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.

People who may witness a Commonwealth statutory declaration\*:

- > Justice of the Peace
- > Police officer
- > Magistrate
- > Notary public officer
- > Bank, Credit Union or Building Society officer with five or more years of continuous service
- > Permanent employee of Australia Post with five or more years of continuous service
- > 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
- > Australian consular officer or an Australian diplomatic officer
- > Registered or licensed under a law to practice in one of the following occupations
  - > Dentist
  - > Pharmacist
  - > Nurse
  - > Optometrist

\* A full list of people who can witness a statutory declaration.

### SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management  
GPO Box B87  
Perth WA 6838

### FOR FURTHER ASSISTANCE CONTACT:

**CUSTOMER RELATIONS**  
1800 819 935  
**FAX**  
08 9481 4318

### EMAIL ADDRESS

investorservices@advance.com.au

### INTERNET ADDRESS

advance.com.au

**ADVANCE**  
ASSET MANAGEMENT



DFC:IXIAD13133