

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.

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.

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 (Age 55 to 60, 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.



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 | \$ |
|------------|----|

| | |
|-------------------------------|----|
| A. TOTAL WEEKLY INCOME | \$ |
|-------------------------------|----|

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 | \$ |
|----------------|----|

| | |
|---------------------------------|----|
| B. TOTAL WEEKLY EXPENSES | \$ |
|---------------------------------|----|



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. Block out the TFN before scanning, copying or storing this document. |
| <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. |



