Advance Retirement Suite - Super

Early Release - Financial Hardship Application

Trustee: BT Funds Management Ltd (BTFM) ABN 63 002 916 458 AFSL 233724



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 the Estate and Claims Management team on 1300 304 681 (9.00am – 5.00pm Mon – Fri, EST) 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 20 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.

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THIS FORM CAN ONLY BE EMAILED FROM A WESTPAC OR ST GEORGE BRANCH.

Checklist

Have you signed and dated this form?
Have you indicated the amount?
Have you indicated which declaration you are signing in Section 8, Statutory Declaration?
Have you attached all relevant supporting documents? Centrelink Q230/Q251 letter or the DVA Certified copy of your identification
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.

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/casual 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 O Complete sections 1 to 2 and 4 to 8

Category B ② Complete sections 1 to 6 and 7 to 8

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

- > Centrelink's Q230 letter1 (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.

You need to discuss with Centrelink to determine if you are on eligible payment's or not. We do not have the authority to approve a claim if you are not on eligible payments.

¹ Written evidence provided from a Commonwealth Department or Agency under Category A is only valid for 21 days.

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1. ADVANCE ACCOUNT DETAILS	> Your TFN will be used for legal purposes only. This includes finding or
Advance account number	identifying your superannuation benefits where other information is insufficient, calculating tax on superannuation payments and providing
7 2	information to the ATO. These purposes may change in the future.
	> If you provide your TFN, it may be provided to another
Title	superannuation plan or retirement savings account provider that
Mr Mrs Miss Ms Other	receives any transferred benefits in the future unless you notify the Trustee in writing not to forward the TFN. In this instance, the TFN
Given name(s)	may also be given to the ATO.
	> Apart from these uses, your TFN will be kept confidential.
Surname	3. EMPLOYMENT DECLARATION (CATEGORY B)
	I am not currently gainfully employed either full or part-time/casual at the time of this claim.
Date of birth (dd/mm/yyyy) Gender	THE TIME OF THIS CIGHT.
Male Female	Regulation defines full time to mean gainful employment
	for "at least 30 hours each week" and part-time/casual to mean gainful employment for "at least 10 hours, and less
Postal address	than 30 hours, each week".
	4. PAYMENT DETAILS
State Postcode	Subject to the approval of the Trustee, I request
Country, if not Australia	\$ x X gross (before tax).
Contact number	Please indicate by crossing the box below (*) if you intend to close
	your account.
	Yes, Please close my account.
Phone (mobile)	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.
Email	> If your account is closed or if all funds are redeemed, we will cancel any insurance cover held in this account.
	Please indicate your preferred payment method should your claim be
	approved by crossing (X) the appropriate box and completing the
Are you an Australian Citizen, a permanent resident of Australia or a New	relevant details below.
Zealand Citizen?	Cheque to my postal address as indicated in Section 1.
Yes No	OR
Have you ever been in Australia on a temporary visa*?	Credit my financial institution account as detailed below (must be
Yes No	held in your name)
If yes, please provide your subclass number	Name of Australian financial institution
* A temporary visa is a visa issued under the <i>Migration Act 1958</i> that allows a person to remain	Branch name
in Australia during a specified period, until a specified event happens; or while the holder has a specified status.	Didici Maine
2. TAX FILE NUMBER DECLARATION	BSB number Account number
If you have not previously supplied your Tax File Number (TFN) you may	
quote your TFN here.	
Tax File Number (TFN)	Account holder's name(s)
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	
your perions, rou may be able to reciain into excess tax from the	



may change in the future.

Australian Taxation Office (ATO). Furthermore, without your TFN it may be more difficult to locate your benefit. These consequences

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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 – APPLICABLE WHERE THE ACCOUNT IS CLOSED OR IF ALL FUNDS ARE REDEEMED

- I am redeeming all of my funds and wish to continue my insurance by way of contributing to this account. I understand if these deposits are not made as per the requirements, my policy will lapse.
- > 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. 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	Select ONE valid option from this section only		
	Certified copy of an Australian State/Territory driver's licence containing a photograph of the person.		
	Certified copy of an Australian passport (a passport that has expired within the preceding two years is acceptable).		
	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.		
	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	
	Certified copy of an Australian birth certificate	
	Certified copy of an Australian citizenship certificate	
	Certified copy of a Pension card issued by Centrelink	
	Certified copy of a Health card issued by Centrelink	

AND

Cross	Select ONE valid option from this section
	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.
	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.
	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).
	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	
	Certified copy of a Foreign driver's licence* that contains a photograph of you and your date of birth.	
	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.	



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8. 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 and/or closing my account: > 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

Witness signature (The witness statutory declarations)	needs to be a p	erson authorised to take
Witness given name(s)		
Witness surname		
Postal address		
	State	Postcode
Country, if not Australia		
Contact number		
	1 1 1	
Qualification		
Note: A person who wilfully makes a false s		

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 US:

Online: Using our secure Document Upload facility on

Investor Online or AdviserNET

Declared at (insert town or city where signed)

on (date dd/mm/yyyy)

(accessed from Forms > Document Upload menu)

By Post: Advance Asset Management

GPO Box B87, Perth WA 6838

Email: from a Westpac or St George Branch only to

financialhardship@asgard.com.au

If you submit online or email, you don't need to post us the original.

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS

1800 819 935

FAX

(08) 9481 4834

EMAIL ADDRESS

financialhardship@asgard.com.au

INTERNET ADDRESS

advance.com.au





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