

## APPLICATION FOR EARLY RELEASE OF SUPER DUE TO SEVERE FINANCIAL HARDSHIP

Complete this form to apply for a Financial Hardship withdrawal from your Simple Choice Super account.

You can find detailed information about Simple Choice Super in the Product Disclosure Statement (PDS), Additional Information Booklet and Insurance Guide you received when you joined the product, Financial Services Guide and Privacy Policy, all of which can be obtained from <a href="https://www.simplechoicesuper.com.au">www.simplechoicesuper.com.au</a> or on request by phoning 02 8556 7576.

This form may be posted to Simple Choice Super PO Box R1979 Royal Exchange NSW 1225 or scanned and emailed to info@simplechoicesuper.com.au.

## **Important Information About Applying for Early Release of Super**

In certain circumstances, the Trustee may be able to release a portion of the money held in your super account, also known as your 'superannuation benefit', to help you meet reasonable and immediate living expenses.

#### Are you eligible?

Before you make an application to the Trustee, the first thing to do is check if you're eligible to make a claim.

Have/are you:\*

- Received an Australian Commonwealth Income Support Payment for at least the past 26 weeks?
- Unable to meet reasonable and immediate family living expenses from your income (i.e. the combined expenses of you and your family) exceed the combined income of you and your family)?
- Not received a payment for a severe financial hardship claim from any superannuation fund in the previous 12 months?

If you answered yes to all three questions above, you are eligible to apply.

\* Different eligibility requirements apply if you have reached your preservation age and 39 weeks. Please contact us on 02 8556 7576 for more information.

Before you complete this form and make your application to the Trustee for early release of your superannuation benefit, it is important you read the following information.

There are strict guidelines in place for assessing early release applications, and you should understand these guidelines before you submit your application.

The ability to apply for early release of superannuation benefits on the grounds of severe financial hardship was introduced to assist Australians who are having difficulty in meeting their reasonable and immediate family living expenses. It was not designed as a means for easy access to your superannuation benefit.

### What if you're not eligible?

If you did not answer yes to all three questions above, then you are not eligible to apply. If the expenses related to your financial hardship are listed below, you may wish to contact Australian Tax Office, to discuss the release of your benefits on specified compassionate grounds:

- Medical Treatment
- Medical Transport
- Mortgage Assistance
- Modifications to your home and/or motor vehicle (due to disability)
- Funeral Assistance
- Care for Terminal Medical Condition

For more information on the above, see <a href="https://www.ato.gov.au/Individuals/Super/In-detail/Withdrawing-and-using-your-super/Early-access-on-compassionate-grounds/">https://www.ato.gov.au/Individuals/Super/In-detail/Withdrawing-and-using-your-super/Early-access-on-compassionate-grounds/</a> or contact the ATO on 13 28 65.

#### **Documents required**

In addition to completing this application form in full, you will need to provide the following documents:

- Proof of Identity (either certified copies or electronic verification please refer to section 7 of this form).
- Proof of Income. (e.g. Pay Slips, Centrelink Income Statement). Copies cannot be more than three months old.
- A valid "Q230 letter" from Centrelink that is less than 21 days old.
- If you have changed your name and not advised us previously, you will need to provide a certified copy of your Marriage Certificate, Deed Poll or Change of Name Certificate.
- Evidence that supports the payment request (e.g. copies of overdue bills, demand notices, letters of default). Please do not send originals.
   Copies cannot be more than three months old.
- A copy of your Bank Account Statement for all accounts showing your BSB, account number and account name that is less than three months
  old

Interests in Simple Choice Super are issued by Diversa Trustees Limited (ABN 49 006 421 638, AFS Licence No. 235153, RSE Licence No. L0000635) as trustee of the Grosvenor Pirie Master Super Fund - Series 2 (ABN 32 367 272 075, RSE Registration R1001204). Simple Choice Super is a sub-plan of GPMSF-2 which is marketed under two brands – Simple Choice Super and Slate Super.



#### **Certified copies**

Wherever we request certified copies you must ensure that the documents you provide have been certified by an approved person from the list below

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages of the copy have been certified as true copies by writing or stamping 'certified true copy' followed by:

- · Their signature
- Printed name; and
- Qualification (e.g. Justice of the Peace, Australia Post employee, etc) and date.

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

- A Justice of the Peace
- A police officer, chiropractor, dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon.
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- An Australian consular officer or an Australian diplomatic officer
- A judge of a court or a magistrate
- A teacher employed on a fulltime basis at a school or tertiary institution
- A permanent employee of Australia Post with two or more years of continuous service
- A finance company officer with two or more years of continuous service (with one or more finance companies)
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees.

#### Who are your dependants?

#### A dependant is:

- a. The spouse of the person (including a qualifying de-facto spouse of the same or opposite sex), any child of the person, and any person with whom the person has an interdependency relationship at the relevant time; or
- b. Any other person who in the opinion of the Trustee is at the relevant time wholly or partially dependent on the person for maintenance or support.

Two persons have an interdependency relationship if:

- a. They have a close personal relationship; and
- b. They live together; and
- c. One or each of them provides the other with financial support; and
- d. One or each of them provides the other with domestic support and personal care.

Two people will also have interdependency if they have a close personal relationship but do not satisfy the other requirements of an interdependency relationship because either or both of them suffer from a physical, intellectual or psychiatric disability.

#### Completing the financial information questionnaire

You need to prove to the Trustee that you are unable to meet reasonable and immediate family living expenses based on your current income and assets.

The Trustee bases its decision on the information provided by you. If there is insufficient evidence, your application may not be approved.

When providing evidence of expenses, it is important that they are reasonable and immediate. For example, rates notices, electricity bills, telephone bills or outstanding credit card bill (only the minimum amount due is considered as immediate, not the total balance).

Any evidence provided must not be older than 90 days from date of issue. Documents older than 90 days will not be used to calculate any entitlement to severe financial hardship payment.

If you are claiming a private personal debt owed to a friend or family member, the lender must provide a Statutory Declaration identifying the debt. The declaration must include:

- Full name and address of the lender;
- The purpose of the loan;
- Amount of the loan;
- The date the loan was made;
- The balance of the loan that remains outstanding; and
- The terms of repayment.

The person who lent the money must make this declaration, not the member. All the above information must be provided in order for this debt to be included for the purpose of assessing your eligibility for a Severe Financial Hardship application.

A Statutory Declaration form can be obtained from any Australian Post Office.

The information provided in your application will be used solely for determining whether you are experiencing severe financial hardship. The information will not be made available to any other person, (except under and order of a court).



#### Want your application to be assessed quickly?

To ensure your application is assessed as soon as possible, please ensure that you complete all fields on the application form and provide all requested documents, including the Proof of Identity.

Any missing information and/or documents will result in the assessment being delayed while we request them again.

#### Australian commonwealth income support payments

To be able to make a claim for severe financial hardship, you will need to provide evidence you have been in receipt of an Australian Commonwealth Income Support Payment. Below is a guide to eligible payments but these are subject to change so up to date information is available from Services Australia. Please contact the appropriate Government Agency to arrange the appropriate letter.

Payments that qualify as income support, for the purpose of severe financial hardship, are:

Social Security Benefits (allowances)  Contact Centrelink Employment Services 132 850	<ul> <li>JobSeeker payment</li> <li>Parenting payment</li> <li>Carer payment</li> <li>Youth allowance*</li> <li>Special benefit</li> <li>Farm household allowance</li> <li>Partner allowance</li> <li>Widow allowance</li> <li>Sickness allowance</li> <li>Bereavement allowance</li> </ul>
Social Security Pension  Contact Centrelink Retirement Services 132 300	<ul> <li>Age pension</li> <li>Disability support pension</li> <li>Youth disability supplement</li> </ul>
Service Pension  Contact Department of Veteran Affairs 133 254	Service pension     Veteran payment     Income support supplement

<sup>\*</sup> Youth allowance does not qualify if you are accessing it as a full time student.

### Payments that do not qualify

Some payments, such as AUSTUDY and if you are a full time student, youth allowance, do not qualify. If you are in doubt, please contact the appropriate Government department on the phone numbers above.

#### Have you received a severe financial hardship payment recently?

You can only receive one payment for financial hardship in any 12-month period. If you have received a payment in the previous 12 months, either from Simple Choice Super or from another super fund please do not proceed any further as your claim will not be considered.

## How much can you release?

The Trustee is only allowed to approve the release of superannuation benefits up to the amount of \$10,000 gross (or before tax). The exception being where you are aged over your preservation age and 39 weeks - there is no maximum amount.

If there is less than \$10,000 in your account, and you apply to have the full amount released, on release of your benefit your account will be closed and any insurance cover you hold through Simple Choice Super will cease.

#### **Taxation**

How any financial hardship payment that may be paid will be taxed depends on your age and the components of your super. If you are under age 60 we may be required to deduct tax on the taxable component of your severe financial hardship benefit payment. Consult your accountant and/or financial planner for details on the tax treatment for your personal circumstances.



Section 1	Personal Details	<b>i</b>			
	,				
Given Name(s)					
Surname					
Member Number					
Date of Birth					
Mobile Phone Nui	mber				
Email Address*					
Residential Addre	ss				
	City	Stat	e	Postcode	
via email or similar tec unsubscribe from our no or via email at info@sim	hnologies. Your details on-essential emails at an	and authorise us to send you owill never be passed onto a to y point or elect to receive commor in writing at PO Box R1979,	hird party other than in accor nunications by post by contacti	dance with our Priv	vacy Policy. You can
Tax File Number					
the ATO on 13 28 61 fo purposes. This includes	r help finding it. By pro creating and administe	eived from the ATO, your supported from the ATO, your supported from the giving your account, accepting pame, and actioning your rollov	Simple Choice Super permissi ersonal contributions into you	on to use your TFN	for superannuation
types of contributions fr	om you. The lawful purp	ce, but it may mean that you pa ooses for which your TFN can b more information, refer to the	e used, and the consequences	for not quoting your	
Section 3 D	ependants – Sp	ouse and Children			
Please provide de	tails of each of yo	our dependants.			
If you need to nominate	more than 5 dependant	s, please include more than on	e copy of this page.		
Name of dependa	nt				
Relationship to				dependant	
dependant 1			1		
Name of dependa 2	nt				
Relationship to dependant 2			Age of o	dependant	

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Name of dependant 3		
Relationship to dependant 3	Age of 3	f dependant
Name of dependant 4		
Relationship to dependant 4	Age of	f dependant
Name of dependant 5		
Relationship to dependant 5	Age of	f dependant

# Section 4 Financial Information

Current Financial Information Assets		Weekly Income (please supply evidence eg. Centrelink Letter )	Weekly Income (please supply evidence eg. Payslips, Centrelink Letter )		
Own Home		\$	Combined weekly income (after tax)		
Investment Properties		\$	You	\$	
Savings		\$	Your Partner	\$	
Vehicle(s)		\$	Your Dependants (if applicable)	\$	
Make Model		Model	Income Support Payments	\$	
Year of Manufacture			Other Income (detail below)		
House Contents		\$		\$	
Shares/Investments		\$		\$	
Other (provide details)		\$		\$	
				\$	
Total Assets		\$	Total Weekly Income	\$	
Total Liabilities (evidenced no older than 60 days)	by bank/cr	edit card statemer	Total Living Expenses (weekly expenses for y partner and dependents)	ou, your	
Home Loan		\$	Rent/Board/Rates	\$	
Investment Loan		\$	Minimum Credit Card and Loan Repayments	\$	
Personal Loans		\$	Groceries	\$	
Credit Card Balances		\$	Vehicle Costs (petrol/registration)	\$	
Other Debts (detail below)			Utilities (electricity/gas/phone/water)		
		\$	Insurance (house/health/car)	\$	
\$		Other (detail below)			
		\$		\$	
\$			\$		



Total Liabil	ities	\$	Total Expenses	\$
Please atta	ch copies of any supporting	evidence for figure	es noted above. For more information,	please refer to page two.
Please brief	ly explain the cause(s)	of your financia	al hardship and how the money v	will be used if released:
Section 5	Supporting Docu	ımentation		
more than		receive it. Th	a valid Q230 letter from Centrel ne statement of income must co eks.	
I ha	ve enclosed a valid Q230	letter with this a	application that is no more than 21 c	days old.
You should	also enclose the follow	ing documents	to support your application:	
Prod	of of Identity (ref to section	on 7 of the appli	cation form).	
Prod	of of Income. (e.g. Pay Sli	os, Centrelink Ind	come Statement). Copies cannot be	more than three months old.
	_		g. copies of overdue bills, demand roe more than three months old.	notices, letters of default.
Any old.		tation i.e. statuto	ory declaration from debtors that is	no more than three months
	opy of your recent bank acount name that is no more		ut(s) for all accounts showing your Bs	SB, account number and
	dence the Trustee may not be a eny your request of benefits du		early release requested. Please be reminded ip and that its decision is final.	that the Trustee makes the decision
Section 6	Withdrawal Info	rmation		
Amount yo	u wish to withdraw	\$		
			ied above is a gross amount, and tax may I	

If approved, the financial hardship payment will be made into the account you specify below:

if less than \$1,000).



Account Name*			
Name of Financial	Institution		
BSB			
Account Number			
* We can only make pay another person.	ments into an Australia	bank, credit union or building society account that	s in your name or held jointly in your name with
Section 7 V	erification of Id	entity	
Please select <b>one</b> of the	two options below.		
Option 1	<ul> <li>I want to attach</li> </ul>	paper copies of certified ID	
correctly certified as	a true copy. For	f the following - Australian Passport, Australian Driv more information, see the <b>Providing Cert</b> by phoning <b>02 8556 7576</b> .	· -
		rtified or are unable to be read, you authorise us to vusing a third party id validation provider, including co	
Option 2	– I want to use el	ectronic verification	
	·	se us to validate your identity and perform an anti-m ncluding confirming your document is valid with the	- · · ·
You must provide at lea	st two of the following (	you are unable to provide this information you will	need to provide certified ID as per option 1):
Australian Passpo	<b>Ort</b> Please complete the	details exactly as they appear on your Passport	
Passport Number		First Name	
Last Name		Date of Birth	
Sex			
Medicare Card Ple	ase complete the detail	exactly as they appear on your Medicare Card	
Card Number		Reference Number	
First Name		Last Name	
Date of Birth		Card Expiry Date	



Australian Drivers	Licence Please complete the details exactly as	they appear on your Lice	ince
Licence Number	. ,	State of Issue	
First Name		Last Name	
Date of Birth		Card Number	
Section 8 Do	eclaration and Signature		
By completing this	form, I declare that:		
<ul> <li>I have read and application.</li> <li>I have read the information.</li> <li>I have not recessive 12 months</li> <li>I am unable to my home) whice</li> <li>The amount the expenses.</li> <li>I acknowledge benefit and the of understand the of understandice</li> <li>I accept that I as Super.</li> </ul>	Is I have provided are true and correct. It describes the Privacy Statement (below) and und lived a payment for a severe financial harmeet my reasonable and immediate famous could (reasonably and realistically spentat I am requesting to be released is necestated in the Trustee cannot provide me with the I should consult an appropriately qualitated I can request appropriate informationing my benefit entitlement, including information and bound by the provisions of the trust of	lerstand how Simplerdship claim from an nily living expenses a taking) be used or so tessary to meet my financial advice about fied adviser for such that I may reasonable that I may reasonable mation about fees	le Choice Super will use my personary superannuation fund in the previous and I do not have any assets (apart from old to cover these expenses. reasonable and immediate family living ut the consequences of withdrawing my advice. ly require from the Fund for the purpose and charges that may apply.
× Signature			/// Date

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit <a href="https://www.simplechoicesuper.com.au">www.simplechoicesuper.com.au</a>, phone 02 8556 7576 or email us at <a href="mailto:info@simplechoicesuper.com.au">info@simplechoicesuper.com.au</a>.

.....

**Print Name** 



Processing Checklist				
The Trustee will not begin assessing your application	until all of the following have been received:			
Form completed and signed	Valid evidence of severe financial hardship			
Verification of ID	Valid Q230 letter			