

Severe Financial Hardship Claim



As super is designed to support you in retirement, access to your super is restricted. Use this form to claim severe financial hardship to access your super.

Simply complete this form using a dark pen and capital letters or type directly into this form online, print it out and send it to us. Ensure all appropriate check boxes are marked with an (X).

Once the form is complete, remember to sign and date it. Return the form with a certified copy of your current driver's licence or passport to:

Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805

✉ PO Box 656, Burwood NSW 1805

☎ 1300 658 776

🌐 www.catholicssuper.com.au

🐦 @AskAusCathSuper

@ fundoffice@catholicssuper.com.au

i Things you need to know:

1. You may be able to withdraw some of your super if you have received eligible government income support payments continuously for 26 weeks and are unable to meet reasonable and immediate family living expenses.
2. A super withdrawal due to severe financial hardship is paid and taxed as a super lump sum.
3. The minimum amount that can be paid is \$1,000 (unless your super balance is less than \$1,000) and the maximum amount is \$10,000. You can only make one withdrawal from your super fund because of severe financial hardship in any 12-month period.
4. There are no cashing restrictions under severe financial hardship if you have reached your preservation age plus 39 weeks and you are not gainfully employed on a full-time or part-time basis at the time of application.

i Important

If you are still working and receiving contributions, we require a minimum balance of \$1,500 to remain in the account.

1 Your current details

Client ID	Account number	Date of birth	Male	Female
1		D D M M Y Y Y Y	<input type="checkbox"/>	<input type="checkbox"/>
Title	Surname			
Given names				
Postal address				
Suburb	State	Postcode		
Mobile	Home telephone number			
Email				
Employer	Payroll number			
Tax File Number				

i Important

Australian Catholic Superannuation is authorised to ask for your TFN. If you choose not to provide your TFN, you may pay higher tax on your withdrawal.



Form continues overleaf ▶

Australian Catholic Superannuation – Offices in, Brisbane, Canberra, Perth, Port Macquarie, Sydney, Townsville

i Important

Letters from Centrelink must be received by us no later than 21 days after the date of issue.

2 Payment details

An amount of \$ after any fees and/or tax (if any) has been deducted.

OR

The full amount of my account (only applicable if your account balance is 10,000 or less).

Account name

Institution

Branch

BSB

Account number

Please check your bank details shown above correspond with your latest bank statement. The bank account listed **MUST** be held in your name or jointly held in your name.

INTERNAL USE ONLY

Bank account verified by

Date

Signature



Internal code

3 General information

1. Number of financial dependants (e.g. your spouse and children)

2. Age(s) of your dependant(s)

3. Your employment status

Employed Self-employed Unemployed

Other (please specify)

If you are unemployed, please state your previous occupation

4. Your spouse's employment status

Employed Self-employed Unemployed

Other (please specify)

If your spouse is unemployed, please state their previous occupation

5. Have you previously applied for an early release of your superannuation benefit?

Yes No



Form continues overleaf

4 Personal financial information

1. Are you or any of your dependants (including your spouse), receiving an income support benefit (such as an unemployment benefit, family allowance or Austudy) or a workers compensation payment?

Yes (complete section a) No (complete section b)

a. If yes, please provide current documentary evidence and list your benefit details below:

Benefit type	Weekly amount		
	You	Your spouse	Your dependants
	\$ <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"/>

b. If no, please answer the following:

Have you or your dependants applied for an income support benefit?

Has an application for an income support benefit been refused?

Are you waiting to hear if an application has been approved?

2. List the total after-tax weekly income (including the amounts in section 1a) of yourself and your dependants (exclude any business expenses if self-employed).

	You	Your spouse	Your dependants
Current total after tax weekly income:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

3. Have you or your spouse received, or are entitled to receive, a redundancy package or worker's compensation lump sum payment?

Yes No

If yes, please provide details of your redundancy package or lump sum payment below.

	Value	Date of payment
You	\$ <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"/>
Your spouse	\$ <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"/>



Form continues overleaf

5 Personal weekly expenses

Provide details of the current weekly expenses for you, your spouse and your dependants (exclude any business expenses if self-employed).

Important

You will need to provide documentation for each asterisked expense item.

Item	Amount per week	Item continued	Amount per week
Rent/board*	\$ <input type="text"/>	Education	\$ <input type="text"/>
Home loan repayments*	\$ <input type="text"/>	Medical	\$ <input type="text"/>
Other housing loan repayments*	\$ <input type="text"/>	Dental	\$ <input type="text"/>
Credit card repayments*	\$ <input type="text"/>	Life insurance premiums	\$ <input type="text"/>
Food	\$ <input type="text"/>	Health insurance premiums	\$ <input type="text"/>
Electricity	\$ <input type="text"/>	Sub total	\$ <input type="text"/>
Gas	\$ <input type="text"/>	Any other expenditure please specify	Amount per week
Telephone	\$ <input type="text"/>		\$ <input type="text"/>
Car – Fuel	\$ <input type="text"/>		\$ <input type="text"/>
Car – Registration	\$ <input type="text"/>		\$ <input type="text"/>
Car – Insurance	\$ <input type="text"/>		\$ <input type="text"/>
Car – Loan/lease/rental*	\$ <input type="text"/>		\$ <input type="text"/>
Clothing	\$ <input type="text"/>		\$ <input type="text"/>
Municipal Council and water rates	\$ <input type="text"/>		\$ <input type="text"/>
House insurance	\$ <input type="text"/>	Sub total	\$ <input type="text"/>
		Total	\$ <input type="text"/>

6 Overdue expenses

Provide details of any overdue bills or loan repayments (exclude any business expenses if self employed).

Important

You will need to provide documentation for each asterisked expense item.

Item	Amount per week	Any other arrears	Amount per week
Mortgage/home loan arrears*	\$ <input type="text"/>	please specify	\$ <input type="text"/>
Family Court settlement*	\$ <input type="text"/>		\$ <input type="text"/>
			\$ <input type="text"/>



Form continues overleaf

! Take note

Don't forget to sign and date your form before sending it back to us.

We do not accept digital signatures.

10 Authorisation

I authorise:
(Customer name)

- SCS Super Pty Ltd T/A Australian Catholic Superannuation and Retirement Fund to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Australian Catholic Superannuation and Retirement Fund.

I understand that:

- The department will disclose information to Australian Catholic Superannuation and Retirement Fund based on whether I have been in receipt of a qualifying Centrelink payment for a specified period to confirm my eligibility for early release of superannuation on the grounds of financial hardship.
- The department will disclose to the Australian Catholic Superannuation and Retirement Fund my personal information including my name, date of birth and payment status.
- This consent, once signed, remains valid while I am a customer of Australian Catholic Superannuation and Retirement Fund unless I withdraw it by contacting the Australian Catholic Superannuation and Retirement Fund or the department.
- I can get proof of my circumstances/details from the department and provide it to Australian Catholic Superannuation and Retirement Fund so that my eligibility for early release of superannuation on the grounds of financial hardship can be determined.
- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the service provided by Australian Catholic Superannuation and Retirement Fund

I understand that by signing this form I am making an application to Australian Catholic Superannuation to release a lump sum amount, up to a maximum of \$10,000 gross, from my account. I understand and acknowledge that:

- The information provided in this application is true and correct.
- The Trustee's decision that is final in regard to my claim for release of my super due to severe financial hardship.
- I have provided certified proof of identity documentation and have completed the statutory declaration form.
- I have read and understood the relevant Product Disclosure Statement(s) and all related documents in relation to withdrawing my benefit.
- I understand that by signing this form I am liable for any fees and charges that I may incur in relation to withdrawing by benefit.
- I understand and agree to the information provided on this form being used to process my benefit payment and may be disclosed to interested parties (such as government agencies and my employer) as required.
- I understand that my benefit will be calculated using the sell unit price applicable to my investment option(s) at the date my request is processed.
- I authorise the Fund to conduct an information match, identification check and bank account check via the use of a third party system.
- I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder for the purpose of confirming my identity.
- I authorise the Fund to keep full and proper records of all information match results

Print full name (use BLOCK letters)

Signature

Date

PRIVACY STATEMENT: By signing this form you consent to Australian Catholic Superannuation and Retirement Fund collecting and using your personal information to manage your superannuation and to comply with relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation. Your personal information may be disclosed to other parties, including the Trustee Board, the Fund's insurer and professional advisors, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.catholicsuper.com.au or phone **1300 658 776**.



Form continues overleaf ▶

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11 Declaration

I,
(Given name) (Surname)

of
(Residential address)

do solemnly and sincerely declare that:

I am unable to meet reasonable and immediate family living expenses and have continuously received a Commonwealth income support payment for the 26 weeks prior to making this claim.

OR

I am over age 55, have received Commonwealth income support benefits for a total period of 39 weeks after reaching age 55 and I am not currently employed either on a full-time or part-time basis.

I make this declaration by virtue of the Commonwealth Statutory Declaration Act 1959 and subject to the penalties provided by the Act for the making of false statements in Statutory Declarations. I believe the statements provided in this declaration are true in every particular.

Signature

Date



! Take note

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12 Witness Declaration

Your statutory declaration must be witnessed and signed by an authorised person. See page over for a list of authorised people.

I declare that the statutory declaration was signed and dated in my presence.

Print full name (use BLOCK letters)

Witness qualification

Signature

Date



Certifying your identification documents



AUSTRALIAN
CATHOLIC
SUPERANNUATION
RETIREMENT FUND

At Australian Catholic Superannuation we have strict measures in place to protect your identity. There will be certain times where we ask for proof of your identity before we can process a request from you. This is to protect your benefit and to ensure your privacy is maintained. We will use your identification documents to conduct an information match and identification check via the use of a third party system.

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1 Instances where we may ask for proof of your identity

- When you transfer your benefits from other funds to your Australian Catholic Superannuation account,
- When you transfer your benefits from Australian Catholic Superannuation to a Self Managed Super Fund,
- When you apply for an early release of your entitlement or when you claim your super on retirement,
- When you advise us of a change in your personal details, such as changing your name,
- When applying for Power of Attorney,
- When commencing and/or making a withdrawal from your RetireChoice or RetireSmart Pension account, and
- When paying a death benefit to an approved beneficiary/legal person.

2 Proving your identity

To prove your identity, you will need to provide Australian Catholic Superannuation with:

Either

ONE copy of any one of the following:

- A current driver's licence
- A current passport
- Proof of age card

Or

ONE copy of any one of the following:

- Birth certificate or extract
- Citizenship certificate
- Centrelink pension card



ONE copy of the following:

- Centrelink payment letter
- Government or local council payment notice (less than one year old) clearly showing your name and residential address
- Notice issued by a utilities provider (less than one year old) clearly showing your name and residential address

i We may request further forms of identification if any of your details differ to what we have on file or if you are changing or adding a new bank account to our records.

3 Certifying your identification documents is a three-step process

i Your Certified ID will be valid for a maximum of two years unless it expires prior and family members cannot certify your identification.

1 Collect your original documents.

We have provided a list of the documents above that you can use to prove your identity.

2 Photocopy your original documents.

You will need one set of documents for your request. If you are transferring super from another fund into Australian Catholic Superannuation, you will need to provide one set of documents for each transferring fund.

3 Certify your copies.

Take the copies and your original documents to be certified. We have supplied a full list of people authorised to certify your documents on the back of this fact sheet. Each page must have 'certified true copy' stamped or written on it and must include the certifier's signature, printed name, qualification, contact phone number and the date.

4 Certification must be on the same page as your identification.

Ensure the person certifying your document certifies it on the same page as your identification. We will not accept certification on the back page.

John CITIZEN has provided a copy of his identification that includes signature, full name, date of birth and current residential address.



The authorised person has sighted the original identification and confirmed that the copy is a certified true copy.

"I certify that this document is a true copy of the original."

K Anderson

Details for the authorised person are included: full name, qualification, registration number (if applicable), phone number, date and signature.

Name: Karen Anderson
Qualification: JP
Registration no: 123456
Date: 30 August 2018
Phone number: 02 1234 5678



What is a certified document? A certified document is a copy of an original proof of identification document that has been signed and certified as a true and correct copy of the original. Only authorised people can certify a document. See the back of this fact sheet for a full list.

Continues overleaf ▶

4 People who are authorised to certify your proof of identification documents

All copied pages of original proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below). The person who is authorised to certify documents must sign the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification – for example, Justice of the Peace or Australia Post employee – and date.

List the following people who can certify


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

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a justice of the peace
- a notary public officer
- a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- 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
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local government authority with two or more years of continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership


Contact us

Please sign and date this form and return it to us:


 Australian Catholic Superannuation
and Retirement Fund
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 (02) 9715 0090

For more information contact our helpful staff:

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