

# Suncorp WealthSmart®

## Severe financial hardship request form



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Suncorp Portfolio Services Limited (Trustee)  
 ABN 61 063 427 958 AFSL 237905 RSE L0002059

Use this form to apply to release superannuation monies on the grounds of severe financial hardship.

### Tips to help you complete this form

- Use blue or black pen and BLOCK letters
- Use a cross (X) to mark answer boxes
- Complete all of the form including the statutory declaration and 'Proof of identity form', and attach supporting documentation otherwise your request may be unnecessarily delayed.

**Any questions?** If you'd like help completing this form, or if you have any questions, just call us on 13 11 55 and ask for 'Super'.

### Important information

	Your age	Superannuation legislation requires that you:	How much can you receive?
Claim type A	Any age	1. Provide the Trustee with written evidence* from the Department of Human Services (DHS) stating that: <ol style="list-style-type: none"> <li>You've been on Commonwealth income support payments for a continuous period of 26 weeks and</li> <li>You were in receipt of the Commonwealth income support payments at the date of the written evidence from the Commonwealth department or agency.</li> </ol> 2. Satisfy the Trustee that you're unable to meet reasonable and immediate family living expenses.	If you satisfy both of these tests, the Trustee may, in any twelve month period, release one lump sum payment to you. The lump sum payment can't be: <ul style="list-style-type: none"> <li>• more than a gross amount of \$10,000 or</li> <li>• less than \$1,000 (or your account balance if it's less than \$1,000).</li> </ul> Appropriate taxes and fees will be deducted from any payment made.
Claim type B	Over preservation age plus 39 weeks	1. Provide the Trustee with written evidence* stating that you've been on Commonwealth income support payments for a cumulative period of 39 weeks after reaching preservation age and 2. Must not be gainfully employed on the date of your application.	If you satisfy both of these tests, the Trustee may release your entire account balance.

\* The Trustee can obtain this information directly from DHS. To enable the Trustee to do so, please provide your DHS reference number under the DHS reference number declaration section of this form.

### Checklist

#### Claim type A

- Completed all sections.
- Attached original certified documentation for Section 11. Proof of identity (if applicable).
- Attached documentary evidence where required for Section 9.

#### Claim type B

- Completed Sections 1-7 and 11-12.
- Attached original certified documentation for Section 11. Proof of identity (if applicable).

## 1. Personal details

Suncorp WealthSmart account number

Title

Last name

Given name(s)

Date of birth

Daytime phone number  Mobile

Email

## 2. Department of Human Services (DHS) reference number declaration

I wish to apply for early release of funds on the grounds of severe financial hardship. I confirm that I'm (please **X** one):

- any age and have been in receipt of eligible Commonwealth income support payments for no less than 26 continuous weeks
- over preservation age plus 39 weeks and have been in receipt of eligible Commonwealth income support payments for no less than 39 cumulative weeks since reaching preservation age. I also confirm that I'm not gainfully employed at the time of this application.

My DHS reference number is

By providing this number, I'm giving consent to Suncorp to confirm with the DHS that my name, date of birth and reference number details supplied in this application match DHS records, and whether I've a qualifying income support payment for the period required for the early release of my superannuation funds on the grounds of severe financial hardship.

Your signature   Date / /

## 3. Requested amount

What amount do you estimate would relieve your current severe financial hardship? \$ ,  (maximum \$10,000)

## 4. Employment details

- Employed Hours per week  Occupation
- Unemployed
- Permanently retired Date last worked / /

## 5. Bank account to which you would like your payment made

Name of account holder

Name of Australian financial institution

Branch name or address

Branch number (BSB) - Account number

We can only transfer funds to an account in your name or a joint account of which you're one of the account holders.

## 6. Tax File Number (TFN) notification

We're authorised to collect your TFN under the Superannuation Industry (Supervision) Act. Where we collect your TFN, it'll be kept confidential and only used for lawful purposes.

As a result of changes to the law, the purposes for which we can use your TFN and the consequences of not providing it to us may change in the future.

TFN

## 7. Investment option details

Please indicate the investment option(s) that you'd like your payment to be made from. If no selection is made, the Trustee will use it's discretion to determine which investment option(s) will be used to make up this payment.

Investment option	Amount
.....	\$ <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"/> <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"/> . <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"/> , <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"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>

## 8. Dependants (Claim type A only)

Name	Age
_____	_____
_____	_____
_____	_____

## 9. Financial details (Claim type A only)

### a. Current net weekly income

Please provide documentary evidence, ie payslips, income statements, etc.

Self	Partner	Dependants
\$ _____	\$ _____	\$ _____

### b. Current weekly expenses

Please list your weekly expenses in relation to yourself, your partner and your dependants.

Item	Description	Amount per week
Minimum home loan repayments*		\$ _____
Other minimum housing loan repayments*		\$ _____
Minimum personal loan repayments*		\$ _____
Minimum credit card repayments*		\$ _____
Rent/board		\$ _____
Food & household items		\$ _____
Electricity		\$ _____
Gas		\$ _____
Telephone		\$ _____
Car		
• Fuel		\$ _____
• Registration		\$ _____
• Insurance		\$ _____
• Loan/lease/rental		\$ _____
Clothing		\$ _____
Municipal and water rates		\$ _____
House/contents insurance		\$ _____
Education		\$ _____
Medical		\$ _____
Dental		\$ _____
Risk premium(s)		\$ _____
Health insurance premium		\$ _____
Other (please specify below)		
		\$ _____
		\$ _____
TOTAL		\$ _____

\* Please provide documentary evidence



## 10. Statutory declaration (Claim type A only)

By completing this form, I,

Print full name

Residential address

Suburb/Town

State  Postcode

- do solemnly and sincerely declare that the information provided by me in this form is true and correct.
- also declare that I'm unable to meet my reasonable and immediate family living expenses and that I don't have any assets (apart from my home) which could (reasonably and realistically speaking) be used or sold to cover this gap.
- also declare that the amount I'm requesting to be released is necessary to meet this reasonable and immediate family expense.
- 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 statements contained in the declaration to be true in every particular.

Signature of person making the declaration

Date / /

**Insert details of witness before who the declaration is made. Please see page 8 of this form for a list of persons who can witness your statutory declaration.**

Last name

Given name(s)

of

Residential address

Suburb/Town

State  Postcode

Signature of witness

Date / /

Qualification of person before who the declaration is to be made:

## 11. Proof of identity

If proof of identity hasn't been previously completed, you'll need to prove your identity by selecting an item from PART A below, or if you can't provide any of these items, select two items from PART B.

**We require proof of identity BEFORE we can proceed with your instructions.**

Documents written in a language other than English must be accompanied by an English translation prepared by a NAATI accredited translator (see [www.naati.com.au](http://www.naati.com.au)). We're not responsible for the content of external websites.

### PART A – ACCEPTABLE PHOTOGRAPHIC IDENTIFICATION DOCUMENTS – ONE ITEM REQUIRED

Select ONE item from this section, which MUST contain your NAME, PHOTO and either DATE OF BIRTH or RESIDENTIAL ADDRESS

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | A current driver's licence  |
| <input type="checkbox"/> | A current Australian passport (or one which has expired within the last two years)  |
| <input type="checkbox"/> | A current Proof of Age Card issued under an Australian State/Territory (including 18+ and Birth Cards)                                  |
| <input type="checkbox"/> | A current foreign passport or similar travel document also containing your signature issued by a government, the UN or agency of the UN |
| <input type="checkbox"/> | A National Identity Card issued by a foreign government also containing your signature  |

**PART B – OTHER ALTERNATIVE IDENTIFICATION DOCUMENTS - TWO ITEMS REQUIRED**  
(this section is only required if a PART A item couldn't be provided)

Select ONE item from this section

- An Australian birth certificate/extract
- A citizenship certificate
- A foreign birth certificate issued by a government, the UN, or agency of the UN
- A current pension card issued by the Department of Human Services

and

Select ONE item from this section which MUST contain your NAME and RESIDENTIAL ADDRESS

- A notice issued by the Commonwealth, State or Territory within the last twelve months recording the provision of financial benefits to you
- A notice issued by the Australian Taxation Office within the last twelve months recording a debt payable by you to the Commonwealth (or by the Commonwealth to you)
- A notice issued by a local government body or utilities provider (eg gas, electricity, phone) within the last three months recording the provision of services to your address or to you
- If you're under age 18, a letter written less than three months ago, from your school principal recording how long you've attended that school

**PART C – FOR USE WHERE RESIDENTIAL ADDRESS IS NOT IN AUSTRALIA OR NEW ZEALAND - ONE ADDITIONAL ITEM REQUIRED**

In addition to PART A requirements above please select:

- ONE additional item from PART A

or

- ONE additional item from any section in PART B.

**Certification procedure (where you're not being assisted by an adviser)**

If an adviser isn't assisting you with this transaction, to prove your identity, you'll need to:

- take the originals of your selected identification documents to a certifier (see 'Acceptable Certifiers' below) who will certify that the original documents have been sighted
- ensure the certifier copies the originals and signs the copy confirming that it's a true copy of the original document and includes on the copy the date, their name and designation from the list in 'Acceptable Certifiers' below and
- mail this form and your certified copy(s) of identification to us. (We can't accept faxes or copies of the certified documents.)

**ACCEPTABLE CERTIFIERS**

Who to see	Conditions and definitions
Accredited Translator	1. A person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of professional translator or above, to translate from a language other than English into English; or 2. A person who currently holds an accreditation that is consistent with the standard specified in 1.
Australia Post	An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public; or a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
Banking and other financial institutions	An officer with two or more continuous years of service with one or more financial institutions or a finance company officer with two or more continuous years of service with one or more financial companies. This includes Suncorp and its subsidiaries.
Financial adviser	An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one of more licencees. Please note however that if you're consulting face to face with your current financial adviser, the certification process is not required – see the following section.
Justice of the Peace or Notary Public	An individual appointed by the courts whose duties include certifying documents.
Legal professional or law enforcement	A person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner. Other professionals include a judge of a court; a magistrate; a chief executive officer of a Commonwealth court; a registrar or deputy registrar of a court, or a police officer.
Accountants	A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.
Consular or Diplomatic Officer	An Australian Consular Officer or an Australian Diplomatic Officer.

**Verification procedure (where being assisted by an adviser, the adviser must complete this section)**

Verify your client's full name and EITHER their date of birth or residential address from the ORIGINAL copies of identification documents provided on the previous page and:

- ensure your client has completed PART A, or PART B if your client doesn't own a document from Part A, and Part C if residing overseas (other than New Zealand).
- complete this section to indicate the details of the verification procedure conducted.
- ensure original documentation is sighted when meeting your client face to face (certified copies are only acceptable if you don't meet face to face and they must meet the requirements detailed in the section above).
- verify that the documents haven't expired (except for an Australian passport which has expired in the last two years).

Advisers, please DO NOT attach copies of the identification documents when forwarding this form.

ID document details	Document 1	Document 2 (if using PART B or PART C)
Verified from	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Certified copy**	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Certified copy**
Document type/issuer	<input type="text"/>	<input type="text"/>
Issue date	d d / m m / y y y y	d d / m m / y y y y
Expiry date (if applicable)	d d / m m / y y y y	d d / m m / y y y y
Document number (if any)	<input type="text"/>	<input type="text"/>
Accredited English translation	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Sighted*	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Sighted*
Verified date	d d / m m / y y y y	d d / m m / y y y y
Adviser's name	<input type="text"/>	Daytime phone number <input type="text"/>
Adviser's organisation	<input type="text"/>	Adviser No <input type="text"/>

\* If you're able to translate your client's non-English proof of identification documents you can do so, otherwise a NAATI accredited translator must provide the translation BEFORE verification can occur.

\*\* Certified copies of documentation are only permitted where an adviser hasn't assisted the client face to face.

**12. Member declaration and signature (Claim type A and B)**

I (print full name)

authorise my superannuation to be paid as instructed on this form.

Applicant's signature

Date |d|d|/|m|m|/|y|y|y|y|

Please send the completed form and any required attachments to:

**Suncorp WealthSmart™**  
**GPO Box 2585**  
**Brisbane QLD 4001**

## List of persons who can witness your statutory declaration

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer, or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank officer with five or more years of continuous service
- Building society officer with five or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner of Affidavits
- Commissioner of Declarations
- Credit union officer with five or more years of continuous services
- Holder of a statutory office not specified in another item in this schedule
- Employee of the Commonwealth who is:
  - (a) in a country or place outside Australia and
  - (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955 and
  - (c) exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with five or more continuous years of service
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Sub-division C of Division 1 of Part IV of the Marriage Act of 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at grade of student
- Member of the Association of Taxation and Management Accounts
- Member of the Australian Defence Force who is:
  - (a) an officer
  - (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with five or more continuous years of service or
  - (c) a warrant officer within the meaning of the Act.
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Practising Accountants or the National Institute of Accountants
- Member of:
  - (a) the Parliament of the Commonwealth or
  - (b) the Parliament of a State or
  - (c) a Territory Legislature or
  - (d) a local government of a State or Territory.
- Minister of religion registered under Sub-division A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australia Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
  - (a) the Commonwealth or of a Commonwealth authority
  - (b) a State or Territory or of a State or Territory authority or
  - (c) a local government authority with five or more years of continuous service who is not specified in another item in this part.
- Person before whom a statutory declaration can be made under the law of the State or Territory in which the declaration is made (such as a Justice of the Peace)
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service Officer of:
  - (a) the Commonwealth or Commonwealth authority
  - (b) a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution