

# Suncorp Everyday Super<sup>®</sup> Severe financial hardship request form

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## Use this form to make a cash withdrawal from your Suncorp Everyday Super account under grounds of severe financial hardship

We understand this is a difficult time for you.

As super is designed to help you save for your retirement, legislative rules mean your super can't usually be accessed before you meet a 'condition of release' (the reason why you can make a withdrawal), such as reaching your 'preservation age' (the age you can generally start accessing your super) and retiring.

It's your money, but by law, we'll need a significant amount of information from you. Once you've done all this, we'll be able to check if we can release your super to you early.

Thank you for taking the time to complete this form.

### Tips to help you complete this form

- Use blue or black pen and CAPITAL letters
- Use an (X) to mark answer boxes
- Complete all sections of the form and sign and date on pages 2 and 6 with a witness where required

**Have any questions?** If you'd like help completing this form, or if you have any questions, just call us on 1800 191 517. We'll be happy to help.

## Important information

The amount you can withdraw from your super depends on your age and the type of claim you are making, as shown in the table below:

	Your age	Legislation requires that you	How much can you receive?
<b>Claim type A</b>	Under preservation age plus 39 weeks	<ol style="list-style-type: none"><li>1. Provide the Trustee with written evidence<sup>†</sup> from the Department of Human Services (DHS) stating that:<ul style="list-style-type: none"><li>– You've been on Commonwealth income support payments for at least the last 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></ul></li><li>2. Satisfy the Trustee that you're unable to meet reasonable and immediate family living expenses</li></ol>	If you satisfy both of these tests, the Trustee may, in any 12 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 (unless your account balance is less than \$1,000)</li></ul> Appropriate taxes will be deducted from any payment made.
<b>Claim type B</b>	Over preservation age plus 39 weeks	<ol style="list-style-type: none"><li>1. Provide the Trustee with written evidence<sup>†</sup> stating that you've been on Commonwealth income support payments for a cumulative period of 39 weeks after reaching preservation age and</li><li>2. Must not be gainfully employed on the date of your application</li></ol>	If you satisfy both of these tests, the Trustee may release your entire account balance. Appropriate taxes will be deducted from any payment made.

<sup>†</sup> 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.

## Personal details

Account number\*

Title\*

Last name\*

Given name(s)\*

Date of birth\*

Contact details:

Residential address\* - sorry we can't accept PO boxes.

Address

State  Postcode

Country (if not Australia)

Daytime phone number\*  Mobile phone number\*

Email address\*

Postal address (if different from above)

Address

State  Postcode

Country (if not Australia)

\*mandatory field

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

Please use an 'X' to mark the appropriate box

I wish to apply for early release of funds on the grounds of severe financial hardship and confirm that I'm:

- Under preservation age plus 39 weeks 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, and
  - I'm not gainfully employed at the time of this application

My DHS reference number is

I authorise:

- SPSL Limited 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 SPSL Limited.

I understand that:

- the department will disclose information to SPSL Limited 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 SPSL Limited my personal information including my name, date of birth and payment status.
- this consent, once signed, remains valid while I am a customer of SPSL Limited unless I withdraw it by contacting SPSL Limited or the department.
- I can get proof of my circumstances/details from the department and provide it to SPSL Limited 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 early release of super from SPSL Limited.

Signature

Date

## Requested withdrawal amount

If you are aged less than your preservation age plus 39 weeks, the maximum amount you can apply for is \$10,000 in each 12 month period.

What amount do you estimate would relieve your current severe financial hardship? \$

\* mandatory field

## Employment details

Please provide information about your current employment status.

Unemployed

Employed  Hours per week

Occupation

Permanently retired  Date lasted worked

## Withdrawal payment details

Please provide details of the account to which you'd like an eligible payment to be made to.

Name of Australian financial institution where account held

Account name

*Must be an account in your name or a bank account of which you're listed as one of the account holders*

Branch name or address

Branch BSB

Account number

Withdrawal amount

## Important notice about Tax File Numbers (TFNs)

- If you haven't already provided us with your TFN you may pay more tax than you'd otherwise need to.
- You can provide us with your TFN by completing the Tax File Number (TFN) notification section below in this form.

## Tax File Number (TFN) notification

It's important we have your TFN. It's up to you whether you give it to us, and it's not an offence if you don't, but we can't accept any after-tax contributions from you, it might be difficult to find super funds you may have forgotten about, to combine your super in one account, and you may pay more tax on concessional contributions (from pre-tax money - e.g. salary sacrifice) than you would otherwise. We're legally authorised to collect, use and disclose your TFN under the Superannuation Industry (Supervision) Act. And of course, we'll keep it confidential and only use it for lawful purposes, including finding or identifying your super funds, calculating tax on any superannuation lump sums, providing your TFN and other information to the Australian Taxation Office (ATO), and providing your TFN to your future super fund trustee or retirement savings account provider if you're transferring your account. These lawful purposes may change in the future, as a result of legislative changes. We won't pass on your TFN to another super fund if you write and tell us not to.

Tax File Number (TFN)    -    -

## Investment option details

Please indicate the investment option(s) that you'd like your withdrawal to be paid from. If you don't make a selection, the Trustee will use its discretion to determine which investment option(s) will be used to make up this payment.

Investment option	Amount
Suncorp Lifestage Fund	\$
Suncorp Australian Shares Fund	\$
Suncorp International Shares Index Fund	\$
Suncorp Global Property Fund	\$
Suncorp Australian Fixed Interest Fund	\$
Suncorp Cash Fund	\$

## Dependants (Claim type A only)

Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>

## Financial details (Claim type A only)

### a. Current net weekly income

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

You	Your partner	Your dependant(s)
\$	\$	\$

### b. Current weekly expenses

Please list your weekly expenses in relation to yourself, your partner and your dependant(s).

Expenses	Description	Amount per week
Minimum home loan repayments <sup>†</sup>		\$
Other minimum housing loan repayments <sup>†</sup>		\$
Minimum personal loan repayments <sup>†</sup>		\$
Minimum credit card repayments <sup>†</sup>		\$
Rent/board <sup>†</sup>		\$
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		\$
<b>Other (please specify below)</b>		
		\$
		\$
		\$
<b>TOTAL</b>		\$

<sup>†</sup> Please provide documentary evidence

**c. Personal assets**

Please exclude any business assets.

Assets	Description	Current market value
Car(s)		
1		\$
2		\$
Furniture		\$
Bank account(s)		\$
Term deposit(s)		\$
Shares		\$
Real estate		
1		\$
2		\$
3		\$
<b>Other assets/investments (please specify below)</b>		
		\$
		\$
<b>TOTAL</b>		\$

**d. Liabilities**

Please exclude any business liabilities.

Item	Description	Amount outstanding
Home loan†		\$
Personal loan†		\$
Credit card†		\$
<b>Any other liabilities (please specify below)</b>		
		\$
		\$
<b>TOTAL</b>		\$

† Please provide evidence of these expenses/liabilities.

Please briefly explain the cause(s) of your financial hardship and how the super benefit will be used if released:


## 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 [naati.com.au](http://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:

- A current driver's licence
- A current Australian passport (or one which has expired within the last two years)
- A current Australian Proof of Age Card (including 18+ and Birth Cards)
- A current Keypass identity card (issued by Australia Post)
- A current international passport or similar travel document with your signature or a unique identifier
- A current National Identity Card (issued by a foreign government, the UN or agency of the UN) with your signature or a unique identifier

### 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 which MUST contain your name:

- An Australian birth certificate/extract
- A citizenship certificate
- A foreign birth certificate issued by a foreign 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 (e.g. gas, electricity, phone) within the last three months recording the provision of services to your address or to you
- If you're under 18, a letter written less than three months ago, from your school principal recording how long you've attended that school
- If you're under 18, a current school issued identity card with your photo

### Part C – For use where your residential address is not in Australia or New Zealand – One additional item required

In addition to the **Part A** or **Part B** requirements above, please select:

– ONE additional item from **Part A**

OR

– ONE additional item from any section in **Part B**

If you live in a remote area and will find it difficult to meet these requirements, give us a call to discuss other documents we can accept to help prove your identity.

## Certification procedure

You can prove your identity at your local Suncorp branch or take your identity documents to an acceptable certifier. Your financial adviser is an acceptable certifier and can certify your documents for you.

- Take the originals of your identification documents to an acceptable certifier.
- A copy of the document(s) will need to be taken, and the acceptable certifier will need to sight the original document(s) to confirm that the copy(s) is true.
- On **each** copied page, the acceptable certifier should confirm that it's a true copy of the original document by writing 'this is to certify that this is a true copy of the original which I have sighted', followed by their signature, their name, the date, their occupation or profession and length of service (if applicable) from the *List of acceptable certifiers and witnesses* at the end of the form and their registration number (if applicable).
- Mail this form and your certified copy(s) of identification documentation to us (we can't accept faxes or copies of the certified documents). We need to receive certified documents within 90 days of the date they are certified.

### Additional instructions for financial advisers:

- Ensure that your client has completed Part A or Part B
- If your client is residing overseas (other than in New Zealand), provide at least one additional document from Part A or Part B
- Verify that the document(s) haven't expired (except for an Australian passport, which must not have expired more than two years ago) before certifying the copies.

A list of acceptable certifiers can be found at the end of this form.

## Statutory declaration and signature

*Statutory Declarations Act 1959*

I,

Full Name	<input type="text"/>		
Street name and number	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	Postcode
Occupation	<input type="text"/>		

make the following declaration under the *Statutory Declarations Act 1959*:

- The information provided by me in this form is true and correct.
- I'm unable to meet my reasonable and immediate family living expenses and I don't have any assets (apart from my home) which could (reasonably and realistically speaking) be used or sold to cover this gap.
- The amount I'm requesting to be released is necessary to meet this reasonable and immediate family expense.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Signature	<input type="text"/>
	(signed in the presence of the witness)
Daytime phone number	<input type="text"/>
Declared at (place)	<input type="text"/>
On (date)	<input type="text" value="DD / MM / YYYY"/>

## Witness declaration

Before me,			
Signature	<input type="text"/>		
On (date)	<input type="text" value="DD / MM / YYYY"/>		
	(signed in the presence of the claimant above)		
Full Name	<input type="text"/>		
Qualification	<input type="text"/>		
Street name and number	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	Postcode
Daytime phone number	<input type="text"/>		

### Note:

- A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years - see section 11 of the *Statutory Declarations Act 1959*.
- Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* - see section 5A of the *Statutory Declarations Act 1959*.

The list of acceptable witnesses can be found at the end of this form.

## Where to send the form

Please send the completed form, along with a certified copy of your identification documents, and any other requested documents, to:

**Mail: Suncorp Super (Claims Team)**  
**GPO Box 2585**  
**Brisbane QLD 4001**

## List of acceptable certifiers and witnesses

The following persons are acceptable witnesses for your Statutory Declaration and may certify a copy of your proof of identity documents (the person must be licensed to practice in Australia, as relevant):

- Bank, credit union, building society or finance company officer with five or more years of continuous service
- Financial adviser or financial planner
- Police officer
- Judge or magistrate
- Legal practitioner
- Justice of the peace or public notary
- Chiropractor
- Dentist
- Medical practitioner
- Nurse or midwife
- Optometrist
- Pharmacist
- Physiotherapist
- Psychologist
- Veterinary surgeon
- Teacher employed on a permanent basis at a school or tertiary education institution
- Minister of religion or marriage celebrant
- Australian post office employee who is in charge of the office or has five or more years of continuous service
- Accountant who is a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Defence force officer or non-commissioned officer with five or more years continuous service