

Application for Early Release of Benefits due to Severe Financial Hardship

Integra Super

1 April 2009

ING MasterFund ABN 53 789 980 697 RSE R1001525

ING Custodians Pty Limited ABN 12 008 508 496 AFSL 238346 RSE L0000673

347 Kent Street, Sydney NSW 2000

Customer Services

Phone 133 665

Fax 02 9234 6668

Email customer@ing.com.au

Instructions

If you are seeking the early release of your superannuation benefits on the grounds of severe financial hardship, you should complete the attached Application Form and Statutory Declaration. If you wish to apply for early release of your superannuation benefits because you are either permanently incapacitated from work, or are you leaving Australia permanently, do **NOT** complete this Application. Please contact Customer Services on 133 665 for further information.

Please return this form to:

Integra Super

ING Life Limited

GPO Box 5306

Sydney NSW 2001

Phone 133 665

Fax 02 9234 6668

From 1 April 2009, an individual who has, at any stage, been a temporary resident and is not a citizen or a permanent resident of Australia or New Zealand, is only able to withdraw their superannuation benefits under limited conditions of release, including: death, terminal medical condition, permanent incapacity, temporary incapacity, unclaimed money payment, and departed temporary resident.

Severe Financial Hardship

Under current superannuation laws, the Trustee of your Fund is required to assess your application for early release of benefits due to severe financial hardship. In determining whether you qualify for release of benefits on this basis, the Trustee must be satisfied that you meet one of the following sets of requirements.

Category A

If you have not reached age 55 plus 39 weeks, to be in financial hardship you must:

1. Be in receipt of Commonwealth income support payments for a continuous period of 26 weeks.

As evidence, you must provide us with a letter from the government department paying your income support benefits. For example the Department of Veteran Affairs or Centrelink. You should inform the relevant government department that your superannuation fund requires this letter so that it may consider your early release application in accordance with the superannuation laws. Please note that this letter must not be dated any earlier than 21 days before the date you lodge your financial hardship application with ING.

2. Satisfy the Trustee that you are in 'severe financial hardship'.

Generally, you are in 'severe financial hardship' where you have no other assets or resources which could reasonably be used, in the next six months, to cover the gap between your personal income and expenses associated with the basic necessities of everyday living, other than making use of your preserved superannuation benefit. In most circumstances, these financial difficulties will be due to a significant reduction in income or increase in expenses.

How much can I receive?

The Trustee is required to assess your application before any benefit is paid to you. The Trustee will decide whether to release the benefit to you and how much will be released. Under the superannuation laws, the maximum amount which the Trustee may release is a single payment of \$10,000 gross in any 12-month period. The minimum amount which the trustee may release is \$1,000, except where the account balance is less. The amount you receive will be less any PAYE tax payable on the benefit payment.

Category B

If you have reached age 55 plus 39 weeks, to be in financial hardship you must:

1. Be in receipt of Commonwealth income support payments for a cumulative period of 39 weeks after turning age 55.

As evidence, you must provide us with a letter from the government department paying your income support benefits. For example the Department of Veteran Affairs or Centrelink. You should inform the relevant government department that your superannuation fund requires this letter so that it may consider your early release in accordance with superannuation laws.

2. Demonstrate to the Trustee that you are not employed on either a full-time or part-time basis on the date of your application for release.

Please complete all three sections of the attached Application form, including the statutory declaration and privacy statement and return to ING. Upon receipt of these requirements, we will consider your application and advise you of our decision.

Checklist

- ☐ Have you fully completed the **Application Form**? You will need to answer all relevant questions on the Application Form.
- ☐ Have you completed the **Statutory Declaration**? You will need to complete the Statutory Declaration and have your signature witnessed. Attached is a list of persons who can witness your Statutory Declaration.
- ☐ Have you provided us with a **Integra Super Withdrawal Form**? If you have not already done so, please provide us with a completed Integra Super Withdrawal Form, including your certified proof of identification, available from www.ing.com.au/member or Customer Services on 133 665.
- ☐ Have you attached all requested supporting documentation? You will need to provide your government income support letter, and if you are applying under Category A, evidence of your weekly income, copies of bank statements and evidence of any debts.
- ☐ Have you provided us with your **tax file number**? If you have not already done so, please provide us with your tax file number. You can do this by completing the Tax File Number Notification Form available from Customer Services on 133 665 or at www.ing.com.au/member

Collection of Tax File Numbers

Your employer may already have provided your Tax File Number (TFN) to Integra Super. If not, we are required to tell you the following details before you provide your TFN. Your TFN is confidential and you should know the following before you decide to provide it to us:

- The Trustee is authorised to collect your TFN under the taxation and superannuation laws.
- If you do provide your TFN to us, we will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation payment you may be entitled to and providing information to the Commissioner of Taxation such as reporting details of contributions, for the purposes of the government co-contribution, lost member reporting and monitoring of contribution caps.
- If you do provide your TFN to us, we may provide it to the trustee of another superannuation fund or a Retirement Savings Account (RSA) provider where the Trustee or RSA provider is to receive your transferred benefits in the future.
- We will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on.
- Your TFN will be treated as confidential.
- We may quote your TFN to the Australian Taxation Office when reporting details of contributions for the purposes of the government co-contribution and lost member reporting.

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give us your TFN, either now or later:

- We may not be able to accept non-concessional contributions and you may be liable to pay additional tax on concessional contributions.
- You may pay more tax on your benefits than you have to (you may get this back at the end of the financial year in your income tax assessment).
- It may be difficult to locate or amalgamate your superannuation benefits in the future.

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

1. General information

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth		<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<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"/>
Email address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>
	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

Dependants

Number of financial expenditures (Egyptian pound and any currency)	
Name	<input type="text"/>
Name	<input type="text"/>
Name	<input type="text"/>
Name	<input type="text"/>
Name	<input type="text"/>

Employment

An employee? ☐ Occupation

Self employed? ☐ Business

Unemployed? ☐

Other? ☐ Please specify

Is your partner:

[illegible]

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

(Please note that the maximum amount which the Trustee may release under the superannuation law is \$10,000 gross in any 12 month period. A minimum of \$1,000 also applies except where your total account is less than \$1,000.)

Have you applied for superannuation benefits to be released on the grounds of severe financial hardship within the last 12 months?

☐ Yes ☐ No

Was the release granted?

☐ Yes ☐ No

If so, amount released \$, . Date granted / /

Income (Category A only)

Self	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Partner	\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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"/>

Are you in receipt of income support payments (such as Newstart, Family Tax Benefits or Austudy), workers compensation or any other lump sum? (Provide evidence, e.g. bank statement)

☐ Yes ☐ No

Weekly amount of benefit(s): \$, .

Item	Amount per week
Rent/board	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Home loan repayments	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Personal loan repayments	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Food and household items	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Electricity	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Gas	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Phone	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Car – Fuel	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
– Registration	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
– Insurance	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Clothing	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Education	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Medical	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Any other expenditure	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Any other expenditure	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Any other expenditure	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Total	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Specify

Specify

Specify

Asset	Market Value
	\$ <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"/>
Total	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

2. Financial details – continued

Liabilities (Category A only)

Please provide details of personal liabilities for you and your partner (exclude any business liabilities)
(e.g. home loan, personal loan, court order, car loan, credit cards):

Liability	Amount outstanding									
	\$,				.	
Total										

Category A only

Briefly explain the cause of your financial hardship and how the money will be used if released:

Category A and B

Please provide any other additional information you wish in support of your application:

By signing this application I confirm that I have read and understood the Privacy statement on page 8.

[illegible]

- authorise the collection, use and disclosure of my personal information for the purpose of the management and administration of those products and services in which I have invested or for which I wish to apply as outlined in the Privacy statement on page 8. I understand that unless I consent to the collection, use and disclosure identified in the Privacy statement, ING will not be able to process my application or to deliver the relevant products or services.
- accept that ING may send me information about its products or services from time to time. I understand that I may notify ING of my decision not to receive further information by contacting you directly.
- authorise that where my employer or former employer appointed a financial adviser for their plan, my personal information will be provided to the financial adviser in order to undertake the management and administration of the plan.

I make the 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.

[illegible]

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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 continuous years of service
- Building society officer with five or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with five or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia and
 - (b) authorised under paragraph 3 (d) of the Consular Fees Act 1995 and
 - (c) exercising his or her function in that place
- 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 1995 and
 - (c) exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with five or more years of continuous service
- Holder of a statutory office not specified in another item in this Schedule
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 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 Accountants
- Member of the Australian Defence Force who is:
 - (a) an officer or
 - (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service or
 - (c) a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified 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 authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australian 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 a Commonwealth authority or
 - (b) a State or Territory or a State or Territory authority or
 - (c) a local government authoritywith five or more years of continuous service who is not specified in another item in this Schedule
- Person before whom a statutory declaration may 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 employee of:
 - (a) the Commonwealth or a Commonwealth authority or
 - (b) a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution.

Privacy statement

We are committed to ensuring the confidentiality and security of your personal information. The Privacy Policy details how we manage your personal information and is available on request or may be downloaded from www.ing.com.au

You may request access to the information held by us about you, your investment(s) and any other ING products or services which you may hold, by contacting the Privacy Officer. You may assist us by contacting Customer Services if any of your personal information is incorrect, has changed or requires updating.

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties. Unless you consent to such disclosure we will not be able to process the application or provide you with ING's products or services.

For life risk products we collect health information with your consent. Your health information will only be disclosed to service providers for the purpose of underwriting or assessing your application or assessing any claim.

The parties to whom we may routinely disclose your personal information include:

- organisations providing medical or other services for the purpose of the assessment of claims such as reinsurance organisations
- organisations undertaking compliance functions of our information
- organisations maintaining our information technology systems
- authorised financial institutions
- organisations providing mailing and printing services
- your financial adviser.

Where your employer has appointed a financial adviser for a plan under Integra Super, we will provide your personal information to the financial adviser in order to undertake the management and administration of the employer's plan. Your employer may change the financial adviser or appoint a financial adviser by notifying us in writing.

Where you wish to authorise any other parties to receive information and/or undertake transactions on your behalf, please notify us in writing.

We will also disclose your personal information in circumstances where we are required by law to do so.

The Family Law Act 1975 enables certain persons to request information about your interest in a superannuation fund.

We and other members of ING Group may send you information about our financial products and services from time to time. You may elect not to receive such information at any time by contacting Customer Services.

If you have any further questions about privacy, please write to us or contact us at:

ING – Privacy Officer
GPO Box 75
Sydney NSW 2001

Phone 02 9234 8111
Fax 02 9299 3979
Email privacy@ing.com.au

In this section 'we', 'us', and 'our' refers to ING Life and ING Custodians.