

# ANZ Superannuation Savings Account

Application for Early Release of Benefits due to Severe Financial Hardship



12 March 2014

## Customer Services

Phone 13 38 63

Fax 02 9234 6668

Email [customer@onepath.com.au](mailto:customer@onepath.com.au)

Website [anz.com](http://anz.com)

[This form is for existing members in ANZ Superannuation Savings Account.](#)

## INSTRUCTIONS

If you are seeking the early release of your superannuation benefits on the grounds of severe financial hardship, please complete all relevant sections of this form, including the Statutory Declaration on page 5, and an ANZ Superannuation Savings Account Withdrawal Form.

All forms need to be returned to OnePath. Upon receipt of these requirements, we will consider your application and advise you of our decision.

If you wish to apply for early release of your superannuation benefits because you are either permanently incapacitated from work or you are leaving Australia permanently, do NOT complete this form. Please contact Customer Services on 13 38 63 for further information.

From 1 April 2009, an individual who has, at any stage, been a temporary resident and is not a permanent resident of Australia or is not a citizen of Australia or New Zealand and is not a holder of a sub class 405 or 410 visa, is only able to withdraw their preserved superannuation benefits under limited conditions of release including: death, terminal medical condition, permanent incapacity, temporary incapacity, unclaimed money payment, and departed temporary resident. Exceptions apply to individuals who have satisfied a condition of release prior to 1 April 2009. Please speak to your financial adviser for more information.

## SEVERE FINANCIAL HARDSHIP

Under current superannuation laws the trustee of your superannuation 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 are in severe financial hardship. To satisfy the trustee you must meet the requirements of Category A or Category B outlined below.

### Category A

1. You must 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 Veterans' 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 OnePath; and

2. You are unable to meet reasonable and immediate family living expenses.

Generally, this means 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 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 from the fund 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 PAYG withholding tax payable on the benefit payment.

or

### Category B

If you are aged over 55 years and 39 weeks or more, to be in financial hardship you must:

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

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

2. Demonstrate to the trustee that you are not gainfully employed for at least 10 hours per week on the date of your application for release.

### How much can I receive?

The amount you receive will be less any PAYG withholding tax payable on the benefit payment. Subject to product limits there are generally no restrictions on how much can be withdrawn.

# ANZ Superannuation Savings Account

Application for Early Release of Benefits due to Severe Financial Hardship



## CHECKLIST

- Have you completed this form?  
You will need to answer all relevant questions on this form.
- Have you completed the Statutory Declaration?  
You will need to complete the Statutory Declaration in section 4 and have your signature witnessed. Please refer to page 6 for a list of persons who can witness your Statutory Declaration.
- 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 in section 2.
- Have you completed and attached an ANZ Superannuation Savings Account Withdrawal Form?  
You will need to complete all relevant questions on this form and attach it to your application.

1. MEMBER NUMBER

## 2. MEMBER DETAILS

Title  Mr  Mrs  Ms  Miss  Dr Other

Surname

Given name(s)

Date of birth (dd/mm/yyyy)  /  /   Male  Female

Address

State  Postcode

Email

Contact phone

Tax file number\*

\* If a valid tax file number is not provided, you may be liable for extra tax.

### Dependants (Category A only)

Number of financial dependants (e.g. your partner and any children)

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

### Employment (Category A only)

Are you:

An employee  Occupation

Self-employed  Business

Unemployed

Other  Please specify

If you are employed, how many hours per week do you work?

# ANZ Superannuation Savings Account

Application for Early Release of Benefits due to Severe Financial Hardship



Is your partner:

An employee	<input type="checkbox"/>	Occupation	<input type="text"/>
Self employed	<input type="checkbox"/>	Business	<input type="text"/>
Unemployed	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please specify	<input type="text"/>

### Amount to withdraw (Category A and B)

\$  (net)

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

### Previous financial hardship applications (Category A only)

**Note:** If you have applied for and received funds on the grounds of severe financial hardship in the last 12 months, you cannot proceed with another claim at this time.

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Was the release granted?

If so,

Amount released \$  Date granted (dd/mm/yyyy)

\*This is applicable to Category A only.

## 3. FINANCIAL DETAILS

### Income (Category A only)

Please provide details of your current total NET weekly income. (Provide evidence, e.g. pay slips, bank statements etc.)

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

### Income support (Category A only)

Are you in receipt of income support benefits (such as unemployment, family allowance, or Austudy), workers compensation or any other amount? (Provide evidence, e.g. bank statement).

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please specify what type of benefit(s):

Weekly amount of benefit(s): \$

### Weekly expenses (Category A only)

List the main current weekly expenses in relation to you, your partner and your dependants (exclude any business expenses).

Item	Amount per week
Rent/board	\$ <input type="text"/>
Home loan repayments	\$ <input type="text"/>
Personal loan repayments	\$ <input type="text"/>
Food and household items	\$ <input type="text"/>
Electricity	\$ <input type="text"/>
Gas	\$ <input type="text"/>
Telephone	\$ <input type="text"/>
Car – Fuel	\$ <input type="text"/>
– Registration	\$ <input type="text"/>
– Insurance	\$ <input type="text"/>
Clothing	\$ <input type="text"/>
Education	\$ <input type="text"/>

# ANZ Superannuation Savings Account

Application for Early Release of Benefits due to Severe Financial Hardship



Medical	\$	<input type="text"/>	
Any other expenditure	\$	<input type="text"/>	Specify <input type="text"/>
Any other expenditure	\$	<input type="text"/>	Specify <input type="text"/>
Any other expenditure	\$	<input type="text"/>	Specify <input type="text"/>
<b>Total</b>	\$	<input type="text"/>	

## Assets (Category A only)

Excluding the family home, please provide details of personal assets for you and your partner and their market value (e.g. cars, furniture, bank accounts, shares, real estate):

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"/>
<b>Total</b>	\$ <input type="text"/>

## 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
<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"/>
<b>Total</b>	\$ <input type="text"/>

## Category A only

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

## Categories A and B

Please provide any other additional information that may support your application:

# ANZ Superannuation Savings Account

Application for Early Release of Benefits due to Severe Financial Hardship



## 4. STATUTORY DECLARATION

### Details of persons making the declaration.

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Occupation	<input type="text"/>		

By completing this form, I also:

- 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 included in the PDS. I understand that unless I consent to the collection, use and disclosure identified in the Privacy Statement, OnePath will not be able to process my application or deliver the relevant products or services
- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in ANZ's Privacy Policy which is available at anz.com, or by calling Customer Services. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at anz.com
- consent to OnePath using and sharing my Tax File Number with members of the ANZ Group to provide services (including account consolidation) and products to me
- accept that OnePath may send me information about its products or services from time to time. I understand that I may notify OnePath of my decision not to receive further information by contacting you directly
- authorise my financial planner to receive and access my personal information for the purposes of managing my investment. Where there is any change relating to my financial adviser, I will notify you of the change in writing
- accept that OnePath must cash the benefit in the following order: unrestricted non-preserved; then restricted non-preserved; then preserved benefits.

By completing this form, I do solemnly and sincerely declare that the information provided by me in the Application for Early Release of Benefits due to Severe Financial Hardship annexed to this Statutory Declaration is true and correct.

I also declare that if I am applying under Category A, I am unable to meet my reasonable and immediate family living expenses and that I do not have any assets (apart from my home) which could (reasonably and realistically speaking) be used or sold to cover this gap. The amount I am requesting to be released is necessary to meet this reasonable and immediate family living expense.

I also declare that if I am applying under Category B, I am not gainfully employed for 10 or more hours per week.

I 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.

Name of person making declaration	Signature of person making declaration	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

### Insert details of witness before whom the declaration is made.

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Occupation	<input type="text"/>		

Name of witness	Signature of witness	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

# ANZ Superannuation Savings Account

## Application for Early Release of Benefits due to Severe Financial Hardship



### 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 Institute of Public 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 authority;with 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.
- Member of the Australasian Institute of Mining and Metallurgy
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having five or more years of continuous service with one or more licensees.

**Note:** The person who is authorised to certify documents must make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, contact details, qualification (e.g. Justice of the Peace, Australia Post employee, etc.) and date.

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Application for Early Release of Benefits due to Severe Financial Hardship



## PRIVACY STATEMENT

In this section 'we', 'us' and 'our' refers to OnePath Custodians Pty Limited and other members of the ANZ Group.

We collect your personal information from you in order to manage and administer our products and services, we may need to disclose it to certain third parties. Without your personal information, we may not be able to process your application/contributions or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from [onepath.com.au/aboutOnePath/privacy-policy.aspx](http://onepath.com.au/aboutOnePath/privacy-policy.aspx)

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 consider the information you have provided.

### Providing your information to others

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

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy
- an organisation that is in an arrangement or alliance with us and/or ANZ to jointly offer products and/or to share information for marketing purposes (and any of its outsourced service providers or agents), to enable them or us and/or ANZ to provide you with products or services and/or to promote a product or service. If you do not want us, ANZ or our alliance partners to tell you about products or services, phone Customer Services 13 38 63 to withdraw your consent.
- organisations performing administration
- compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems
- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial adviser)
- regulatory bodies, government agencies, law enforcement bodies and courts

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

Examples of such laws are:

- *The Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*

### Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in OnePath's Privacy Policy at [onepath.com.au/aboutOnePath/privacy-policy.aspx](http://onepath.com.au/aboutOnePath/privacy-policy.aspx)

### Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

# ANZ Superannuation Savings Account

Application for Early Release of Benefits due to Severe Financial Hardship



## Privacy consent

We and other members of the ANZ Group may send you information about our financial products and services from time to time. ANZ may also disclose your information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service offered by them or a third party with whom they have an arrangement.

You may elect not to receive such information at any time by contacting Customer Services.

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

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

## Privacy policy

OnePath's Privacy policy contains information about:

- when we or ANZ may collect information from a third party
- how you may access and seek correction of the personal information we hold about you
- and how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters

You can contact us about your information or any other privacy matter as follows:

ANZ Superannuation Savings Account  
GPO Box 4028  
Sydney NSW 2001

Phone 13 38 63  
Email [customer@onepath.com.au](mailto:customer@onepath.com.au)

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let OnePath know by contacting Customer Services on 13 38 63.

More information can be found in our Privacy Policy which can be obtained from its website at [onepath.com.au/aboutOnePath/privacy-policy.aspx](http://onepath.com.au/aboutOnePath/privacy-policy.aspx)

## Privacy law changes from 12 March 2014

From 12 March 2014 we and the ANZ Group must provide you with the following information about overseas recipients of personal information.

## Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) are not established in or do not carry on business in Australia.

You can find details about the location of these recipients in ANZ's Privacy Policy and at [anz.com/privacy](http://anz.com/privacy)

## PRIVACY DECLARATION

Please mark the following box to indicate consent:

- I acknowledge that I have read and understood the attached Privacy Statement. I accept that the collection, use and disclosure of my personal information is necessary for the purpose of administering my claim. I understand that OnePath will not be able to process my claim without this information.

Signature

Print name