

## APPLICATION FOR BENEFIT – FINANCIAL HARDSHIP

### PART 1 INFORMATION FROM CENTRELINK

In order to be eligible for your benefits to be paid on the basis of financial hardship the fund needs to have evidence that you have been in receipt of Commonwealth Income Support payments for a minimum continuous period of 26 or 39 weeks dependent upon age.

Have you attached a copy of the Centrelink letter Document (which is not more than 21 days old) confirming that you have been in receipt of Commonwealth Income Support payments for a minimum continuous period of 26 weeks, or 39 weeks if over age 55.  YES  NO

Have you had superannuation benefits released to you from this fund on the basis of financial hardship in the last 12 months?  YES  NO

Please note: that if you do not provide confirmation from Centrelink regarding your receipt of Commonwealth Income Support Payments the fund will be unable to proceed with your claim.

### PART 2 – PERSONAL DETAILS

NAME OF FUND

POLICY NUMBER

DATE OF BIRTH

CONTACT PHONE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
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NAME (Family Name)

(Given Names)

Mr Miss Ms Mrs	<input type="text"/>
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Your Address  
(Number)

(Street Name)

<input type="text"/>	<input type="text"/>
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SUBURB

STATE

POSTCODE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax File Number:

<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"/>
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\*Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences. Please refer to *What happens if I do not quote my tax file number?* in the *Important Notes* section of this form.

NAME OF YOUR LAST EMPLOYER IN THIS FUND

DATE YOU FINISHED WORK WITH YOUR LAST EMPLOYER

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### PART 3 – PROOF OF IDENTITY

In order for us to release your benefit, we require you to provide us with the following identification. Please note that we are unable to process your benefit payment request without it. Please refer to *Certification of Personal Documents* in the *Important Notes* section of this form.

- I have attached an original certified copy of my drivers licence or passport; or
- I have attached original copies of both:

Birth/Citizenship Certificate or Centre link Pension Card

**And**

Centrelink payment letter, Government, or local council notice (less than 1 year old) with name and address (eg. ATO Assessment or rates notice from council)



## PART 6 – INCOME

CURRENT TOTAL NET FORTNIGHTLY INCOME

	Commonwealth Income Support Payments	Other Benefits (eg family allowance, child support payments)	Other Income
<b>Self</b>	\$.....	\$.....	\$.....
<b>Spouse</b>	\$.....	\$.....	\$.....
<b>Dependents</b>	\$.....	\$.....	\$.....
<b>TOTAL</b>	\$.....	\$.....	\$.....

How long have you been in receipt of Commonwealth Income Support Payments? .....mths.....wks

## PART 7 - EXPENSES

**CURRENT EXPENSES** in relation to you, or your spouse and dependants  
**EXCLUDE ANY BUSINESS EXPENSES**

Item	Estimated amount per FORTNIGHT	Outstanding bills (which are immediately due and payable which cause your severe financial hardship)
Rent/Board	\$	\$
Home Loan Repayments	\$	\$
Other Housing Loans	\$	\$
Personal Loan Repayments	\$	\$
Credit Card Repayments <i>(only include the minimum monthly payment and any arrears)</i>	\$	\$
Food & House Hold Items	\$	\$
Utilities <i>(electricity, gas, phone)</i>	\$	\$
Car running costs <i>(fuel, registration, insurance, loan, lease)</i>	\$	\$
Municipal and water rates	\$	\$
Insurance <i>(house, health, life)</i>	\$	\$
Education	\$	\$
Medical/Dental	\$	\$
Any other outstanding bills <i>(please specify below and provide invoice copies and re-finance letter arrangements)*</i>	\$	\$
.....	\$	\$
.....	\$	\$
<b>TOTAL</b>	\$	\$

**\*Please provide copies of any outstanding bills/invoices – these must be less than two months old.**

**PART 8 – DETAILS OF YOUR PERSONAL ASSETS TO WHICH YOU CURRENTLY HAVE ACCESS**

Do you have any other financial assets with any other funds/institutions?      YES            NO     

If YES, what is the total amount which you are able to access?     

Bank Account	\$.....
Shares (include current value)	\$.....
Other superannuation	\$.....
Other Assets/Investments	\$.....
Real estate property ( <i>other than the family home</i> )	\$.....

Have you cashed/sold any of these assets?      YES            NO     

If YES, how much have you received?     

**PART 9 - MEMBER'S DECLARATION**

By signing this Application Form, I am making the following statements:

- I declare that I have fully read this form and the information provided by me is true and correct.
- I declare that 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) be used or sold to cover this gap.
- I also declare that the amount I am requesting to be released is necessary to meet this reasonable and immediate family expense.
- I request and authorise the Trustee to release my benefits to me on the grounds of severe financial hardship.

Member's Signature:

Dated:

## IMPORTANT NOTES

### Using this Form

You may use this Form to withdraw or transfer benefits if you are a Member of one of the following superannuation funds:

- TOWER Superannuation Fund for the General Public (RSE Reg. R1000917)
- TOWER Master Fund (RSE Reg. R1000894)
- TOWER Superannuation Fund (RSE Reg. R1000900)
- TOWER Employer Sponsored Superannuation Fund (RSE Reg. R1000887)
- BMA Personal Superannuation Fund (RSE Reg. R1000870)
- PrefSure Life Superannuation Fund (RSE Reg. R1004700)

TOWER Australian Superannuation Limited (ABN 69 003 059 407 AFSL 237851 RSE Lic. L0000642) ("TOWER") is the Trustee of these superannuation funds. You should contact TOWER's Customer Service Centre on 1800 226 364 to obtain up to date benefit information before withdrawing your benefits. Our Customer Service Consultants are also able to answer any other questions you may have about your policy. We recommend that you keep a copy of this Form with your taxation records for 5 years.

### What happens if I do not quote my tax file number?

You are not obligated to provide your Tax File Number (TFN) to TOWER. However, if you do not provide your TFN, your contributions may be taxed at the highest marginal rate plus Medicare levy, compared to the concessional tax rate of 15%. TOWER may deduct this additional tax from your account. Your cash benefit may also be taxed at the highest marginal rate plus Medicare levy.

If TOWER does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the Superannuation Industry (Supervision) Act 1993, TOWER is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

### Tax Deductions for Personal Contributions

Generally, only self employed and substantially self employed persons (i.e. those with less than 10% of their total income derived from employment) are entitled to a tax deduction for personal contributions to superannuation. If you wish to claim any contributions as a tax deduction, (both in the current and any prior financial year) you **must** advise the Trustee before you withdraw your total benefit from the Fund (because you can not alter the amount of a deduction after you leave the Fund). You should note that deductible contributions are taxed at 15%.

### Partial Withdrawal Components

When you make a partial withdrawal, your benefit will include both tax free and taxable components with the relevant portions of each reflecting the proportions such components make up of the total value of your benefit. You are not able to elect the components from which the benefit is withdrawn.

### Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

<b>Purpose</b>	<b>Suitable linking documents</b>
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the member	Guardianship papers or Power of Attorney.

## **Certification of Personal Documents**

All submitted original copies of identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so.

The person who is authorised to certify documents must sight the original and the copy and make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification and date.

The following people are authorised to certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five 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 License (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court of the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth Court.

## **Privacy Information and Consents**

Personal information is collected from or in respect of you to enable TOWER to pay your benefit at your direction or to you. If you do not supply the required information, we may not be able to do so. We may disclose this personal information to a number of parties such as your adviser, other companies within the TOWER group, organisations to whom we outsource our mailing and information technology, the Insurance Reference Service, Government Regulatory bodies and accountants (if applicable). We may also disclose this information to other bodies such as the insurer, re-insurers, health professionals, investigators, the trustee or provider of any arrangement through which your benefit is provided or will be transferred, the plan adviser, the administrator, the lawyers, external complaints resolutions bodies and as required by law. You may be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access please make your request to our Customer Service Centre on 1800 226 364.