

Withdrawal/Financial hardship form

Use this Form to apply for an early release of your super benefits under financial hardship.

Please consider:

- Exit fees and any costs, as well as benefits you may be losing, such as insurance.
- Eligibility for financial hardship. To assist you, we have provided a Financial Hardship Checklist, refer Section 6.
- To ensure any withdrawal from the Plan can be completed in a timely manner, please ensure that all required documentation is attached to this form.

Questions? Contact us on 1800 816 575

1 Your personal details

Member number - Date of birth / /

Given name(s) Surname

Residential address

State Postcode Phone number

Email

2 Dependency status*

Dependent/s	Spouse/Partner	Child 1	Child 2	Child 3	Child 4
List the name and each of your dependent/s					
List the age of each of your dependent/s					

* Understanding dependent relationships assists the Trustee to make a determination on the Member's immediate financial needs.

3 Financial hardship background*

* Briefly explain the reason behind your recent financial hardship needs, and how monies will be used if released from your superannuation Member account. If you do not have enough space, attach a separate page.

4 Withdrawal payment option*

\$	Partial cash withdrawal ► Proceed to Section 6.
Y / Balance	Full cash withdrawal (account closure – Less than \$10,000) ► Proceed to Section 6.

* Only one payment can be made up to a maximum of \$10,000 in a twelve month period. Please refer to Section 6 Financial Checklist to ensure requirements are met.

5 Current financial information

Current assets		Weekly income (please supply evidence eg. Payslips, Centrelink letter)	
Own home	\$	Combined weekly income (after tax)	
Investment property(s)	\$	You	\$
Savings	\$	Your partner	\$
Vehicle(s)	\$	Your dependents (if applicable)	\$
Make/Model/Year of manufacture		Income support payments – DHS/DVA	\$
House contents	\$	Other income (detail below)	\$
Shares/Investments	\$		\$
Other assets (provide details)	\$		\$
	\$		\$
Total assets	\$	Total weekly income	\$

Current liabilities (evidenced by bank/credit card statements no older than 60 days)		Immediate weekly living expenses (weekly expenses for you, your partner and dependents)	
Home loan	\$	Rent/Board/Rates	\$
Investment loan	\$	Minimum credit card and loan repayments	\$
Personal loans	\$	Groceries	\$
Credit card balances	\$	Vehicle costs (petrol/registration/repairs)	\$
Other debts (detail below)		Utilities (electricity/gas/phone/water)	\$
	\$	Insurances (house/health/car)	\$
	\$	Other expenses (detail below)	
	\$		\$
Total liabilities	\$	Total expenses	\$

* Please attach copies of any supporting evidence for Liabilities noted above. For more information, please refer to Section 6 - Financial hardship checklist.

6 Financial hardship checklist

To be eligible to claim severe financial hardship and be entitled to the early release of certain superannuation benefits you must prove that you are unable to meet reasonable and immediate family expenses.

The Trustee requires the following to determine your eligibility:

- **Completion of the financial hardship withdrawal form** including Income and expenditure information.
- **Certified copies of:**
 - **Proof of income** (e.g. Pay slips, Centrelink Income Statement). Copies cannot be more than six months old
 - Evidence that supports the payment request including:
 - bill receipts
 - overdue bills
 - demand notices or letters of default
 - Statutory Declaration
 - Proof of Identity – Also refer to ID Requirements Fact Sheet
 - **Bank statement** showing BSB, account number and account name, together with DHS/DVA fortnightly payment.
- **Evidence of a valid Q230 letter (less than 21 days old)** from Centrelink or the Department of Veteran Affairs confirming your Customer Registration Number (CRN) and that you have been receiving income support for 26 consecutive weeks and are still receiving payments.

Notes:

- Only one lump-sum payment for financial hardship can be made in any 12 month period. The minimum amount that can be paid is \$1,000 (unless your super interest is less than this amount) and the maximum amount payable is \$10,000.
- If you have changed your name and not advised the super fund previously, you will also need to provide a certified copy of your marriage certificate, deed poll or change of name certificate.

7 Tax file number (TFN) or exemption*

TFN

OR exemption reason

OR

I do not wish to quote a TFN or exemption reason.

* In order to receive any tax concessions available in relation to your entitlement, you are required to quote your TFN. It is not compulsory to quote your TFN, however if your TFN is not quoted, the Trustee is obliged to deduct PAYG Tax from the relevant part of your benefit at the top marginal rate.

8 Payment details

I would like payment made into my bank account by electronic funds transfer (EFT)

9 Bank account details*

Name of financial institution

Branch

BSB

Account number

Account name

*The Trustee will need to confirm your bank details for this payment to proceed. Please attach a copy of the top of your bank statement which verifies the information entered above.

10 Document checklist

- I have signed and dated the declaration below
- I have completed all of the required sections of this form, and provided all necessary documents. **Refer Section 6 Financial Hardship Checklist**
- I have attached to this form an original **copy of certified:**
- Identification*. *An ID requirements factsheet on proof of identity can be found on the forms and publications page of the website enterpriseplan.com.au
 - Change of name by marriage documents (if applicable)
 - Evidence **that supports the payment request. Refer Section 6 Financial Hardship Checklist**
- I have elected to have the payment made to my bank account, and I have attached a **copy or part of my bank, building society or credit union account statement** showing my full name and account details, as well as a recent DHS/DVA payment.

11 Declaration and signature

- 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: and
- The amount that I am requesting to be released is necessary to meet my reasonable and immediate family expenses;
- I am aware of and do not require any information on the impact of this payment on my superannuation benefits.
- I am aware of any fees and charges that may apply.
- I declare that I have read this form completely and the information I have entered is true and correct.
- I request payment to be made in the manner indicated on this form and accompanying material, and I understand that this withdrawal may cause my insurance cover (if any) to lapse, unless I establish an alternative payment method.
- I understand tax may be deducted from the withdrawal, and I have read and understood the information regarding TFNs in Section 7 of this form.
- I understand that if applicable, it is my responsibility to notify Centrelink of any payments I receive.
- I understand that the personal information that I have provided on this form will be used for the purpose of administering my account.
- I understand that Enterprise Plan may email me to request and provide information on my Member account and about the Fund; and
- I have read and understood the information provided in Section 6 Financial hardship checklist together with the ID Requirements Factsheet.

Full name

Signature

Date

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

Please send the completed form and documentation to: Enterprise Plan, PO Box 1282, Albury NSW 2640.

Privacy Policy

The information you are providing in this form is subject to the Privacy Amendment (Private Sector) Act 2000. The Act sets out principles for dealing with personal information which includes standards for collection, storage, accuracy and use of information and for disclosure required by the Australian Tax Office as well as your right to access your personal information which we hold. Enterprise Plan has developed policies for complying with this legislation which you may view on request

Contact us

Phone: 1800 816 575

Email: service@supermanagers.com.au

Website: www.enterpriseplan.com.au

The information in this document has been prepared by OneVue Super Services Pty Ltd ABN 74 006 877 872, AFSL 246883 as the Fund Administrator. It is intended to provide you with general information only and does not take into account your personal objectives, financial situation and needs. Before making any decisions regarding your benefits in **Enterprise Plan sub Fund of the Executive Super Fund** ABN 60 998 717 367 (the Fund) it is important that you consider the current Product Disclosure Statement (PDS) relevant to your category of membership having regard to your own situation and needs. Copies of the various PDS' are available on the Enterprise Plan's website enterpriseplan.com.au. You should consult a licensed or authorised financial adviser if you require advice that takes into account your personal circumstances.