



Early release of super on Compassionate Grounds or Financial Hardship

This form acts as an authority for us to release your Prime Super benefit to you.

Please read this information before you complete the form

Instructions on how to complete this form are on the early release Compassionate Grounds and Financial Hardship factsheets at primesuper.com.au/member/publications/factsheets/.

You may ask us for the information that you reasonably require for the purposes of understanding any of your benefit entitlements. Please refer to the relevant PDS and Member Guide for more information.

Providing proof of identity

Electronic identity verification

Using the secure Green ID system, you must provide details from your Medicare card, current Driver Licence and/or your passport. We use two of these documents to confirm your identity.

If you choose to provide proof of your identity by electronic identity verification, you may return this form to us via mail or email.

Certified identity documents

If you choose to provide certified identity documents, you will need to post this form and a certified copy of one of the following documents:

- valid Driver Licence issued under State or Territory Law
- other photo ID such as valid proof of age card or boat and firearms licence under State or Federal law
- Australian passport valid or expired within the last two years
- valid international passport (required for overseas members).

For more identity document options, see our *Proof of identity requirements* fact sheet.

Certified copies are clear photocopies of original documents, which are signed by an authorised person and 'certified' as being true and correct copies of the original documents. You will need to show the authorised person the photocopied documents to be certified, along with the original documents for reference.

For more information, see our *Proof of identity requirements* fact sheet at primesuper.com.au/member/publications/factsheets/

Please complete in pen using BLOCK letters. Print 'X' to mark boxes where applicable.

1 Member details

Surname	Given names	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member number	Email	
<input type="text"/>	<input type="text"/>	
Date of birth (DD/MM/YYYY)	Mobile number	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other/Previous names (if applicable)		
<input type="text"/>		
Residential address		
<input type="text"/>		
Town/Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from residential)		
<input type="text"/>		
Town/Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Select claim type

I would like to access my benefits on:

- Compassionate Grounds** – please complete sections 1, 2, 3, 5, 6, 7, 9
I have received my release notice dated and it is attached.
- Financial Hardship** – please complete sections 1-9

- ⓘ If you select Financial Hardship you must:
- provide a copy of your Centrelink Income Statement, and
 - complete the Centrelink Authority in section 8, and
 - provide evidence of debt to the value of the amount you are claiming.

3 Providing your Tax File Number (TFN)

Tax File Number*

* If you have already provided your TFN to Prime Super you do not need to provide it again.

Under the Superannuation Industry (Supervision) Act 1993, the Trustee is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change as a result of legislative change. The Trustee may disclose your TFN to another super fund, when your benefits are being transferred, unless you request in writing to the Trustee that your TFN not be disclosed to any other super fund. You are not legally required to provide your

TFN. However giving your TFN to us will have the following advantages, which may not otherwise apply:

- we will be able to accept all types of contributions to your account(s)
- any concessions on contributions will be taxed at a lower rate
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your super benefits
- it will make it much easier to trace different super accounts in your name.

Your TFN will otherwise remain confidential.

4 Financial Hardship claims only

Important Information

The full completion of Section 4 is vital to the prompt processing of your claim. Should you not be able to complete a part of Section 4, please note by adding N/A in the relevant section/s.

I confirm I have completed the Centrelink authority in section 8.

Details to support your claim

The following information will only be used for the purpose of assessing your claim and administering your fund membership.

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

List the ages of your dependents:

What amount are you seeking to have released to relieve your current severe financial situation?

\$

Note: the maximum amount that can be released is \$10,000 gross. This is subject to tax and the amount you receive will be less than \$10,000.

Please provide the reason for the release of your benefit (optional):

If you are currently working, please confirm the number of hours you work per week:

4 Financial Hardship claims only (continued)

Current weekly income (after tax)

Please provide evidence of your income e.g. Centrelink Income Statement, bank statements, income statements, pay slips, payment summary. Please send copies as originals will not be returned.

Please include your total income from all sources including Centrelink/government payments.

Self	\$	<input type="text"/>
Partner	\$	<input type="text"/>
Other	\$	<input type="text"/>
<hr/>		
Total	\$	<input type="text"/>

Have you received an early release of your benefit from another fund in the last 12 months? Yes* No

* If this is your answer, we cannot process your claim as a maximum of 1 financial hardship payment can be made in any 12 month period.

Current total weekly expenses

Please list all weekly expenses in relation to you, your spouse and dependants, excluding any business expenses.

Home loan repayments	\$	<input type="text"/>	House insurance	\$	<input type="text"/>
Rent/board	\$	<input type="text"/>	Personal loan repayments	\$	<input type="text"/>
Food	\$	<input type="text"/>	Credit card repayments	\$	<input type="text"/>
Electricity	\$	<input type="text"/>	Education	\$	<input type="text"/>
Gas	\$	<input type="text"/>	Car – fuel	\$	<input type="text"/>
Rates & water	\$	<input type="text"/>	Car – registration	\$	<input type="text"/>
Telephone	\$	<input type="text"/>	Car – insurance	\$	<input type="text"/>
Clothing	\$	<input type="text"/>	Car – loan/lease/Rental	\$	<input type="text"/>
Medical and dental	\$	<input type="text"/>	Other weekly expenses	\$	<input type="text"/>

Total weekly expenses \$

Personal debt and arrears

Please see the early release [Financial Hardship factsheet](#) for more information on the evidence required.

Please list all debts and arrears held in your name

Mortgage arrears (provide documentary evidence)	\$	<input type="text"/>
Credit card arrears (provide documentary evidence)	\$	<input type="text"/>
Family court settlement (provide documentary evidence)	\$	<input type="text"/>
Other loans/expenses (provide documentary evidence – specify below)		
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

Total arrears \$

If you are claiming over \$5,000, please attach evidence for the items listed above, including outstanding credit card and other bills. All documents must be in your name and dated within the last 3 months.

5 Proof of identity

Please provide proof of your identity by either consenting to an electronic identity certification (Option 1), or providing certified, printed copies of identity documents (Option 2).

Option 1 – Electronic verification

I have selected this option and provide the details of my Medicare card, Australian driver licence and/or Australian passport below. I authorise the use of my personal details, including the information below, for the purpose of electronic data verification. I understand that my information will be subject to an information match request from the relevant official record holder. Results of an information match will be provided via the use of third party systems.

Please provide details from TWO of the following sources for electronic identity verification:

1. Medicare card

Full name as appears on my Medicare card

My Medicare number is

Medicare card is valid to:

My reference number on this card

2. Driver Licence

Full name as appears on my Driver Licence

Licence number

State of Licence

Expiry date

3. Australian passport

My Australian passport number is

Option 2 – Paper copies of certified identity documentation

I have included the appropriate certified documents as proof of identity to update my name or date of birth.

Note: The certification must include the certifier's original signature, printed name, qualification (e.g. police officer), contact number and date. Paper copies of certified identification documents must be posted to us. For more information, see the *Proof of identity requirements* fact sheet at primesuper.com.au/member/publications/factsheets/.

If my identification documentation has not been certified correctly, I authorise Prime Super to use the information from the documents, in conjunction with the information on this form to verify my identify electronically using independent data sources.

Privacy

I understand that the personal information collected is for purposes outlined in Prime Super's Privacy Statement. The information is only used to administer my fund membership or a related purpose. For more information, see Prime Super's Privacy Statement at primesuper.com.au/privacy-statement/ or phone us on 1800 675 839.

Member signature

Date

6 Investment option

Please indicate which investment option(s) you wish to have your benefits drawn from.

- Please draw my benefit in the same proportions as my current investment options **OR**
- Please draw my benefit from the following investment option(s)*

Investment options

Investment choice

Pre-mixed options

MySuper	<input type="text"/>	%
Managed Growth	<input type="text"/>	%
Alternatives*	<input type="text"/>	%
Income Focused	<input type="text"/>	%
Conservative	<input type="text"/>	%
Sustainable Responsible Investment (SRI) balanced	<input type="text"/>	%

Sector options

Cash	<input type="text"/>	%
Fixed Interest	<input type="text"/>	%
Property*	<input type="text"/>	%
Australian Shares	<input type="text"/>	%
International Shares	<input type="text"/>	%

Total (must equal 100%) %

* **Note:** please nominate amounts if you are choosing to withdraw from multiple investment options

7 Electronic fund transfer (EFT) details

Please complete this section if you would like your benefit paid directly to your bank account. We can only make the payment into an Australian bank account. The nominated bank account must be in your name, or if it is a joint account, you must be one of the account holders. If you do not have an Australian bank account, we will forward your payment via cheque. **Please attach a copy of your bank statement.**

Pay my net benefit payment (i.e. less any applicable tax) to my nominated bank account set out below.

Name of Financial Institution

Account holder's full name

BSB

Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: Prime Super will only pay a lump sum withdrawal into an individual or joint bank account (which includes the member's name) at an Australian authorised deposit taking institution. Payment will not be paid to third party accounts (i.e. companies).

8 Income support requirements (Financial Hardship claims only)

Please provide your Centrelink Customer Reference Number (CRN).

CRN

By providing my CRN, I authorise the Fund's administrator, Australian Administration Services Pty Ltd ("AAS") to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and the Australian Government Department of Human Services ("DHS") to provide the results of that enquiry to AAS.

8 Income support requirements (Financial Hardship claims only) (continued)

I understand that DHS will disclose information to AAS 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. DHS will disclose to AAS my personal information including my name, date of birth and payment status. This consent, once signed, remains valid while I am a customer of Prime Super unless I withdraw it by contacting AAS, Prime Super or DHS. I can get proof of my circumstances/details from DHS and provide it to Prime Super 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 to lodge a claim with Prime Super.

Full name

Signature

Date signed

If you do not consent for us to use the Centrelink Confirmation eServices, you must provide us with a valid Q230 or Q251 letter form Centrelink.

9 Your declarations

By signing this request form, I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask Prime Super for information about any fees or charges that may apply, or any other information about the effect this payment or transfer may have on my benefits, and do not require any further information.
- If I have insurance cover in the Fund, I understand that such cover for Death (including terminal illness), TPD and/or Income protection will cease for any event occurring on or after the date my full account balance is paid (if applicable).
- I have not relied on any advice from the Trustee of Prime Super in making this request.

- I authorise the Trustee of Prime Super to use my TFN to seek information from the ATO or another super fund regarding my account(s) for the purpose of giving effect to my request, or as otherwise authorised under the *Superannuation Industry (Supervision) Amendment Regulations 1994*.

- I understand that the personal information collected is for purposes outlined in Prime Super's Privacy Statement. The information is only used for the purpose of administering fund membership or related purpose. Further information about privacy can be found in the [Prime Super Privacy statement](#) at primesuper.com.au or by contacting the Fund.

I also declare that:

- I am an Australian citizen or a New Zealand citizen;
- I am a temporary resident

I authorise Prime Super to process my entitlement in accordance with my instructions.

Full name

Signature

Date signed

Checklist

- | | |
|---|---|
| <input type="checkbox"/> Have you attached appropriate certified identification, or authorised electronic data verification in section 5? (We cannot process these payments if we have not received appropriate certified ID or authorisation). | <input type="checkbox"/> Have you signed and dated the form? |
| <input type="checkbox"/> Have you completed all the relevant sections of the form? | <input type="checkbox"/> Have you attached appropriate banking evidence? (e.g. a copy of your bank statement) |
| | <input type="checkbox"/> Have you provided a copy of your Centrelink Income Statement? |

10 Providing proof of identity

Under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*, superannuation funds are required to identify, monitor and mitigate the risk that the Fund may be used for the laundering of money or the financing of terrorism.

As a result, for all payments, where you select to prove your identity using paper-based verification, you need to provide **certified copies** of identification documentation to prove you are the person to whom the superannuation entitlements belong. All pages must be certified as a true copy of the original document on each page. The certification must include the certifier's signature, printed name, qualification (e.g. police officer), a contact number and the date. A certification must contain an original signature.

Below is an example of how suitable identification documents should be certified.

If a name has changed in marriage for example, the appropriate linking documents must be provided

The licence must be current ie non-expired



An approved certifier must write or stamp:

Certified true copy

R Murray

**Mr Rob Murray
Police Officer
0412 345 678
11/3/2012**

Note: If address has changed, photocopy the reverse of the licence with a new address sticker featured, and ensure this is also certified.

All pages of all ID documents submitted must be certified.

Providing banking evidence

Please provide a copy of a bank statement showing the BSB and account number of the account you want your cash withdrawal to be paid into.

You may ask us for the information that you reasonably require for the purposes of understanding any of your benefit entitlements.

Providing your Medicare reference number

Below is an example of where you can find your reference number on your Medicare card.

Please ensure you provide the number next to your name



Return this form to us via by mail or email

mail: Prime Super
Reply Paid 85860
PARRAMATTA NSW 2124
No stamp required

email: administration@primesuper.com.au
visit: primesuper.com.au
call: 1800 675 839