Australian Government Commonwealth Superannuation Corporation



## Early access: severe financial hardship

**Benefit application form and information** 

## Things you need to note

Before you complete this form please read the Product Disclosure Statement for your scheme(s) and the Early access to your super benefits factsheet.

Accessing your super early may significantly impact your eligibility for further benefits including a pension and consideration for retrospective/deemed invalidity (where these options are available).

## Who should use this form

This form is for ADF Super and PSSap members.

Use this application form if you are an eligible member of our funds, and wish to apply for early release of your benefit on the grounds of severe financial hardship, as defined under the Superannuation Industry (Supervision) Regulations 1994 because:

- you have been in receipt of Commonwealth income support payments for at least 26 continuous weeks; and
- you wish to access your benefit on the grounds of severe financial hardship; or
- you have been in receipt of Commonwealth income support payments for at least 39 cumulative weeks since reaching your preservation age; and
- you are no longer gainfully employed\* on a full-time or parttime basis.
- \* You're considered gainfully employed if you're employed or self-employed in any business, trade, profession, vocation, calling or occupation in return for any gain or reward for at least 10 hours per week.

## What you need to provide with your application

For your application to be processed, CSC requires evidence of income support payments you are receiving, including:

- your Centrelink Reference Number (CRN) within Section C, or verbally, to provide CSC with consent to electronically confirm your Commonwealth income support, or a letter from Centrelink outlining your receipt of an eligible income support payment for the purposes of early release of superannuation; or
- a statement from the Department of Veterans' Affairs (DVA) outlining your receipt of eligible payments under the Veteran's Entitlements Act 1986 (Cth).

Additionally, CSC requires:

- a copy of your last issued bank statement and your current balance for the account into which you have nominated your benefit be paid into and the account your income support payments are paid into (if these are two different accounts).
   Please ensure the BSB, account number and account name are visible; and
- your identity be verified (refer to Identification requirements on page 4).

**Note**: An incomplete application, or applications without supporting documents, will delay the processing of your benefit.



Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the relevant Product Disclosure Statement and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Australian Defence Force Superannuation (ADF Super) ABN: 90 302 247 344 RSE: R1077063 USI: 90302247344001 | Public Sector Superannuation accumulation plan ABN: 65 127 917 725 RSE: R1004601



# Early access: severe financial hardship form

## A Personal details

Which scheme are you applying for a release from? Tick your super fund. Send your completed form to the below email or postal address.

or PSSap, Locked Bag	formsandapplications@pssap.com.au or PSSap, Locked Bag 20117 Melbourne VIC 3001													ADF Super <u>formsandapplications@adfsuper.gov.au</u> or ADF Super, Locked Bag 20116 Melbourne VIC 3001													
Membership number																											
Title	Mr		Mrs			Μ	S			Mis	s			Othe	ər												
Surname																											
Given name(s)	5)																										
Date of birth		м м	/	Y	Y	Y	Y	]																			
Residential address																											
	Suburb/town																			State				Posto	ode		
Postal address (leave blank if same as																											
residential address)	Suburb/town State Postcode																										
																							]				
	Business hours			1 1						After	hours	1									1						
Your phone numbers																											
	Mobile number											-									-						
Your email address																											
	Tax File Nur	nber																									
	Under the Sup disclose your writing that you offence, how	tax file i our tax fi ever givi	numb ile nur ng yor	er to a mber ur tax	anot not k file i	her s be di huml	upe sclo: bert	rannu sed to o us v	atic any vill h	on pro y oth nave	ovide er su the f	er wh ipera ollov	nen y annu ving	our b atior adva	penet n prov intag	fits a vider es:	re be	eing t	rans	ferre	ed, ur	nless	you	requ	estt	ousi	in
	<ul> <li>we will be a</li> <li>other than superannu</li> </ul>	the tax t	hat m	ay or	dina	rily a	pply	, you	will	notp	oay m	nore	taxt	han	you n	eed						ontrit	outic	onsto	) you	r	
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## How much do you need released?

Please enter the amount you need to meet your reasonable and immediate family living expenses. If you are under your preservation age, we can only approve one release in any 12 month period (from the date of approval), and the maximum amount that can be released is \$10,000 (before tax).												
I have been in receipt of Commonwealth income support payments for a continuous period of 26 weeks, am unable to meet my immediate living expenses, and the amount I am requesting to be released is:												
the maximum lump sum (note: cannot exceed \$10,000 gross); or												
a lesser amount of \$ net (after tax).												
Note: must be at least \$1,000 unless the balance of your account is under \$1,000.												
I am over Preservation Age, have been in receipt of Commonwealth income support payments for at least 39 weeks since reaching my Preservation Age, and request:												
\$   net (after tax) to be released.												

### Centrelink consent

Complete this section if you are in receipt of Commonwealth income support payments through Centrelink.

**Note:** You are not required to complete this section if you are supplying a DVA income statement with your application. Proceed to **Section D**.

Note: If you do not provide your CRN, please provide a Centrelink letter so we can confirm your eligibility.

I,																						
Custo	mer	Re	fere	nce	Nur	nbe	r (CF	RN)														

authorise:

- Commonwealth Superannuation Corporation (CSC) and/or Mercer Administration Services to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details; and
- Services Australia (the agency) to provide the results of that enquiry to CSC and/or Mercer Administration Services. I understand that:
- the agency will disclose information to CSC and/or Mercer Administration Services 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 financial hardship grounds;
- the agency will disclose to CSC and/or Mercer Administration Services my personal information, including my name, date of birth and payment status;
- this consent, once signed, remains valid while I am a customer of CSC, unless I withdraw it by contacting CSC, Mercer Administration Services or the agency;
- I can get proof of my circumstances/details from the agency and provide it to CSC and/or Mercer Administration Services so that my eligibility for early release of superannuation on the grounds of financial hardship can be determined; and
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the early release of superannuation on the grounds of financial hardship provided by CSC or Mercer Administration Services.
- I am able to opt out of providing my CRN and alternatively provide a Centrelink letter for verification.

## Bank details

D

Please provide your bank account details below. We can only pay your benefit into an Australian account held in your name. If it's a joint account, one of the names listed must be yours.

Name of institution															
Name of account holder															
notder															
Branch location															
Branch (BSB) number															
Account number															

## E Identification requirements

To confirm your identity, we require some information from you—this is to protect your benefit against fraud, money laundering and terrorism financing, under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

#### Verifying your documents

Identifying documents may be verified through the Document Verification Service (DVS). DVS is a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.



If you don't provide authorisation to have documents verified electronically or your documents are incompatible with DVS, you will need to provide certified copies of required documents.\* Please also refer to the section Certifying your documents.

#### \* DVS is only compatible with some identification documents, these have been listed below.

An electronic copy of your identification documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purpose of confirming your identity. You need to send in identification with every application.

#### **Certifying your documents**

If you're providing certified documents, the certifying authority must confirm in writing you are the valid holder of the identification you are presenting, and any copies are true copies of the original.



**Important:** The certification must include the name, signature, qualification and registration number of the certifying authority (if applicable), and the date of the certification. Note: we require a copy of both sides of your identification document.

The following sample of certifying authorities can certify your documents in Australia:

- Dentist
- Employee of a Commonwealth authority engaged on a permanent basis with five or more years of continuous service who is not specified elsewhere in this document
- Financial Adviser or Financial Planner
- Justice of the Peace (JP)
- Legal Practitioner
- Medical Practitioner
- Member of the Australian Defence Force who is:
- an Officer; or

- a Non-Commissioned Officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service; or
- a Warrant Officer within the meaning of that Act.
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to **Schedule 2** of the *Statutory Declarations Regulations 2018* available at <u>www.legislation.gov.au/Details/F2018L01296</u>

#### Meeting the identification requirements

You only need to provide one document from the Primary photographic identification category.

If you can't provide any **Primary photographic identification** you will need to provide **one** secondary identification document from List A **AND one** secondary identification document from List B. We can only accept documents that are listed below for identification purposes.

If the name we hold on file for you is different to the name on your identification, or two pieces of identification are in different names, please provide a certified copy of your Marriage or Change of Name certification.

#### If you would like us to use DVS to verify your identification, please check both boxes below.

I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purposes of confirming my identity.

I have attached identification for DVS verification.

#### You must provide a copy\* of one of the following:

#### Primary photographic identification

DVS compatibility\* is shown as 🗸 or 😣

A current Australian Driver's Licence (front and back of licence must be provided).

A current Australian Passport (or one which has expired within the last two years).

A current Australian Proof of Age card (issued under a State or Territory law).

\* If your documents are incompatible with DVS, don't forget to provide certified copies.

#### Secondary identification requirements

Only provide these documents if you're unable to provide one of the Primary photographic identification documents.

1	List A		List B
a State or Territory. Please note: Birth Cer	Certificate or extract issued by tificate extracts and Birth Fore 1970 may not be verified by DVS.	8	Your notice issued by the Australian Taxation Office (ATO) within the last 12 months that shows your name, current residential address, and records an amount payable either to or from the ATO.
Your Citizenship Certin the Commonwealth.	ficate issued by	8	Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. <b>Example:</b> rates notice, electricity or water bill.
Your current Pensione the Department of Hu	r Concession Card issued by man Services.	8	Your notice issued by the Commonwealth or a State or Territory government within the last 12 months showing your name and current residential address, and the provision of a financial benefit. <b>Example:</b> a Centrelink letter.

#### Certifying your documents overseas

If you live overseas and need to have documents certified, it needs to be done by a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents. For more information refer to <u>ag.gov.au</u> and <u>dfat.gov.au</u>. Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator.

Persons residing overseas and foreign residents may need to contact us.

\*Don't send original documents.

## F Declare and sign this form

#### I declare that:

I have been in receipt of Commonwealth income support payments for:

at least 26 weeks and I am unable to meet reasonable and immediate family living expenses and require a release of the amount specified above to alleviate my financial hardship; or

for at least 39 weeks, after reaching preservation age and am not gainfully employed on a full time or part time basis; and

- The amount requested above (after tax) is no more than the amount I need to meet my reasonable and immediate family living expenses.
- I have read the relevant PDS for my scheme and I understand the options available to me in relation to my retirement.
- I understand that supplying my TFN is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal tax rate (plus Medicare levy).
- The TFN I have provided is the same number advised to me by the ATO.
- I acknowledge it may be a criminal offense to knowingly provide false or misleading information or documents.
- The information I have provided in relation to this application, including the information in the attachments to this application and any documentary evidence provided, is true and correct to the best of my knowledge.

YOU	Ir tu	ill n	am	ıe

Sign

Signature	3						Dat D	e sig D	gnec	M	М	/	Y	Y	Y	Y

I confirm that the electronic signature in this consent represents my signature.

I consent to signing the form electronically and I confirm that my signature is legally binding.

I do not want my contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by CSC.

## Checklist

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I have completed all sections of this form.

I have attached my last issued bank statement and my current balance, with the BSB, account number and account name visible, for my nominated benefit payment account and income support payment account.

I have included my bank account details at Section D.

I have included my DVA or Centrelink letter which is dated within 21 days of this application, or I have provided my Centrelink CRN in Section C.

I have attached certified copies of documents to prove my identity, or I have attached uncertified copies and completed Section E and agreed to have my documents verified electronically.

## Your privacy is important to us

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at <u>csc.gov.au</u>

#### For more information visit csc.gov.au

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