

Privacy

Information on this form will be used to process your application for early release of your superannuation benefit. Quadrant is committed to ensuring the privacy and confidentiality of your information. To pay your benefit it may be necessary for us to disclose your personal information to certain third parties. By signing this form you consent to your information being handled in this way. Please refer to our *privacy policy* which is available on our website at quadrantsuper.com.au for more information.

Eligibility

In order to be eligible for the early release of your superannuation benefit due to financial hardship you must:

- Provide a letter from a Commonwealth Department stating you are currently receiving eligible Commonwealth income support payments and have been for a continuous period of 26 weeks. This must NOT be dated more than 21 days from the date of this application. If you are over age 55 you must have been receiving a Commonwealth income support payment for more than 39 weeks.
- Be unable to meet reasonable and immediate family living expenses.
- Not have received an early release of your superannuation benefit within the last 12 month.

Personal details

Title: Mr Mrs Ms Miss Dr

Member number:

Given names:

Surname:

Postal address:

Suburb:

State:

Postcode:

Date of birth:

Phone (home): ()

Phone (work): ()

Phone (mobile):

Email address:

Are you currently employed: Yes No If no, date finished employment:

Name of last employer who contributed to Quadrant on your behalf:

How much do you estimate would relieve your current financial hardship? \$

You can apply for a minimum gross amount of \$1,000 up to a maximum gross amount of \$10,000 or the balance of your account if it is less than \$1,000. You can only receive one early release of your superannuation benefit within a 12 month period.

Financial information

What is the total value of your personal assets:

Bank accounts: \$

Other investments (including superannuation, shares etc): \$

Real estate property (other than family home): \$

Other assets: \$

Total: \$

Please list the age of your financially dependant children:

Age of Child 1:

Age of Child 2:

Age of Child 3:

Age of Child 4:

What is your NET fortnightly income?

Please provide evidence of income such as payslips along with copies of bank statements for the past 3 months.

| | Commonwealth income support payments | Other benefits <i>(including family allowance, child support payments etc)</i> | Other income |
|--------------|--------------------------------------|-----------------------------------------------------------------------------------|-------------------------|
| Self | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Spouse | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Dependant/s | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Total | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |

Have you or your spouse received or are entitled to receive a redundancy package or workers compensation lump sum package? (please tick) **Self** Yes No **Spouse** Yes No

If yes, please state the amount and date you received or expect to receive it:

Amount: \$ Date:

Personal expenses, liabilities and debts

Please list your current expenses, liabilities and debts in relation to you, your partner and your dependant/s. Please exclude any business expenses or arrears.

| Item | Estimated amount per fortnight | Outstanding bills due and payable NOW that cause your financial hardship |
|-----------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------|
| Home loan repayments <i>(please provide evidence)</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| Rent or board payments <i>(please provide evidence)</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| Personal loan repayments <i>(please provide evidence)</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| Car loan repayments <i>(please provide evidence)</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| Credit card and store card repayments <i>(please provide evidence)</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| Food | \$ <input type="text"/> | \$ <input type="text"/> |
| Household expenses <i>(maintenance of electrical appliances, linen etc)</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| Electricity | \$ <input type="text"/> | \$ <input type="text"/> |
| Telephone <i>(line rental, call costs etc)</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| Car <i>(running expenses, registration, mechanical etc)</i> | \$ <input type="text"/> | \$ <input type="text"/> |
| Clothes | \$ <input type="text"/> | \$ <input type="text"/> |
| Council rates | \$ <input type="text"/> | \$ <input type="text"/> |
| Education expenses | \$ <input type="text"/> | \$ <input type="text"/> |
| Medical and dental expenses | \$ <input type="text"/> | \$ <input type="text"/> |
| House insurance premiums | \$ <input type="text"/> | \$ <input type="text"/> |
| Car insurance premiums | \$ <input type="text"/> | \$ <input type="text"/> |
| Health insurance premiums | \$ <input type="text"/> | \$ <input type="text"/> |
| Life insurance premiums | \$ <input type="text"/> | \$ <input type="text"/> |

Continued next page

Personal expenses, liabilities and debts cont.

| Item (continued from previous page) | Estimated amount per fortnight | Outstanding bills due and payable NOW that cause your financial hardship |
|---------------------------------------|--------------------------------|--------------------------------------------------------------------------|
| Other expenses (please specify below) | | |
| 1. <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| 2. <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| 3. <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| 4. <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| 5. <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Total fortnightly expense | \$ <input type="text"/> | |

Have you tried to renegotiate your loans to reduce your repayments or sought finance? Yes No

If yes, please provide details. If no, why?

Is the family home being used as security for other loans? Yes No

If yes, what is the loan used for and what is the current balance (please provide evidence)

 \$

Proof of identity

You will need to provide documentation with this *application for early release of your super benefit form* to prove you are the person to whom the superannuation entitlements belong. Please refer to page 5 for more information about providing proof of identity.

I have attached a certified copy of my drivers license or passport

OR I have attached certified copies of **both**

Birth/Citizenship certificate or Centrelink pension card **AND**

Centrelink payment letter or Government notice (less than one year old) with my name and address

Payment of benefit

Should your application for early release of your superannuation benefit be approved, please nominate how you would like to receive the payment:

Paid by: Cheque **OR** Direct credit into my bank account
(please note you can only nominate a bank account that is held in your name)

Name of Australian financial institution:

Branch name:

Branch number (BSB): **Account number:**

Account name:

Statutory declaration

The statutory declaration below must be completed for the application to be accepted. Failure to do so will delay processing.

I,
Full name of applicant

Of:
Address of applicant

Occupation:
Occupation of applicant

Do solemnly and sincerely declare that the information provided by me in this application which encompasses this statutory declaration is true and correct. I also 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 house) which could (reasonably and realistically speaking) be used or sold to cover this gap.

I acknowledge that Quadrant may undertake appropriate enquiry and investigation to verify the answers I have provided them.

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 making of false statements in the statutory declaration, conscientiously believing that statement contained in the declaration to be true in every particular.

Your signature:
Signature of applicant

Declared at:
Suburb where declaration signed

On:
Date of signing

Before me:
Print full name of the qualified person witnessing the declaration

Signature:
Signature of qualified person

Qualification:
Qualification of the qualified person

Address:
Address of the qualified person

Note

A person who wilfully makes a false statement in a statutory declaration under the Statutory Declaration Act 1959 as amended is guilty of an offence against this Act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding six months or both if the offence is prosecuted summarily, or imprisonment for a term of not exceeding four years if the offence is prosecuted upon indictment.

Before you submit this application, please check that you have:

Please tick

- Completed all parts of this application form.
- Provided originally certified copies of documentation that confirms your name, current address and date of birth.
- Provided evidence of outstanding liabilities and debts including any outstanding bills due and payable now.
- Provided evidence of current income along with copies of bank statements for the past three months.
- Attached the original letter from Centrelink or other Commonwealth Department stating that you have been receiving eligible income support payments for 26 weeks if you are under age 55 (letter reference number Q230), or for 39 weeks if you are aged 55 or over (letter reference number Q247). This must NOT be dated more than 21 days from the date of application.
- Completed and signed the above statutory declaration and had it witnessed by a qualified person. A qualified person may include a Justice of the Peace, a barrister or solicitor of the Supreme Court, a member of the police force, a councillor of a municipality, a registered medical practitioner, a dentist, a veterinary practitioner, a pharmacist, a bank branch manager, a minister of religion, a teacher, a person accredited as a chartered accountant or a certified practicing accountant.

July 2010

PROVIDING PROOF OF IDENTITY

Identification requirements

This form requires you to provide proof of identity before it can be processed.

You will need to supply us with certified identification documents. To do this, take the original identification documents and a photocopy of both sides of the original document to an authorised person (see list at right).

Copied, faxed or scanned copies of certified documents do not comply with our identification requirements, and are not acceptable.

How a document is certified

The authorised person will need to:

- write or stamp in English on the photocopies, words to the effect of: 'This is a true and correct copy of the original', and
- write their name, qualification/position (e.g. Justice of the Peace, Police Officer etc), company name, years of service and sign and date.

Please note that the certification of your documents must not be older than 30 days.

Identification documents required

If you cannot supply a document from list 1 below, you must supply one document from list 2 and one from list 3.

| One document from list 1 | |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | <ul style="list-style-type: none"> • a certified copy of a current driver's licence or • a certified copy of a current passport |
| OR | |
| One document from list 2 | |
| 2 | <ul style="list-style-type: none"> • a certified copy of birth certificate or birth extract or • a certified copy of citizenship certificate issued by the Commonwealth of Australia or • a certified copy of pension card issued by Centrelink that entitles the person to financial benefits |
| AND one document from list 3 | |
| 3 | <ul style="list-style-type: none"> • a certified copy of letter from Centrelink regarding a Government Assistance payment or • a certified copy of Notice issued by Commonwealth State or Territory Government or local council within the last 12 months that contains your name and residential address e.g. Australian Tax Office Notice of Assessment or rates notice from local council. |

Authorised persons

Identification papers must be certified by an authorised person.

- A police officer
- 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 Licence (AFSL), having five or more years continuous service with one or more licensees
- A notary public officer
- A registrar or deputy registrar of a court
- A Justice of the Peace
- A permanent employee of Australia Post with five or more years of continuous service
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, such 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.

Certified linking documents

Copies of 'certified linking documents' will be required in the case of name change, or if the applicant is signing on behalf of another person.

Change of name - Marriage Certificate, deed poll or Change of Name Certificate from Births, Deaths and Marriages Registration Office.

Signing on behalf if applicant - Guardianship papers or Power of Attorney.

Contact us

All completed forms and certified documents should be sent to:

Quadrant Superannuation Pty Ltd
Reply Paid 863
Hobart TAS 7001