

Application for Early Release of Superannuation Benefits - Compassionate Grounds



Note: Only Australian or New Zealand citizens or permanent residents of Australia are permitted to claim for the early release of preserved superannuation benefits on compassionate grounds.

This form can be used to arrange a payment from your Freedom of Choice account **after** the ATO has approved the early release of your benefit on specified compassionate grounds.

The ATO is responsible for assessing all requests for early release of benefits on specified compassionate grounds. Freedom of Choice is responsible for the payment of the benefit from the fund. If you have not yet applied to the ATO for assessment, you must do so before completing this form. You can apply online at www.ato.gov.au or call the ATO on 13 10 20 to request an application form.

Generally, you can apply for the early release of superannuation benefits on specified compassionate grounds if you need:

- treatment and transport for you or a dependant concerning life threatening illness or injury, acute or chronic pain, or acute or chronic mental disturbance; OR
- the modification of your home or motor vehicle if you or a dependant has a severe disability; OR
- palliative care for you or a dependant, or the death, funeral, or burial of a dependant; OR
- mortgage payments to prevent your bank or lender selling your home.

The ATO will assess your application and write to you with their decision. If the ATO approves the early release of your benefit, please send the following documents to Freedom of Choice:

1. ATO letter of approval of the early release of your benefit
2. this application form (completed)
3. proof of identity documents (see section 4)

* Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

CHECKLIST

- ATO letter of approval of the early release of your benefit
- this application form (completed)
- proof of identity documents

SECTION 1: PERSONAL DETAILS

Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Member Number:	<input type="text"/>
Daytime Contact Number:	<input type="text"/>		

SECTION 2: PAYMENT DETAILS

Please note that a bank document which displays the name of the account holder, BSB and account number needs to be submitted with your form. This document must be on bank letterhead or a statement.

Please provide your bank account details below:

Account Name*:	<input type="text"/>		
* Must be held in your name or jointly in your name.			
Name of bank or financial institution:	<input type="text"/>	Branch:	<input type="text"/>
BSB:	<input type="text"/>	Account Number:	<input type="text"/>

SECTION 3: WITHDRAWAL DETAILS

Please select one of the withdrawal options below:

Total amount approved by the ATO

Nominated amount \$

Note: You'll need to ensure there is enough money in your Freedom of Choice account to pay for any insurance premiums to maintain your insurance cover (if any). If you nominate an amount less than what the ATO has approved, no additional payment will be made at a later date.

SECTION 4: IDENTITY VERIFICATION

To make a payment from your account we must verify your identity; you can supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification.

If you supply us with a scanned copy of your identification we also need to electronically verify your identity. If you do not want us to identify you electronically please supply us with original certified copies of your identification via post. If you have any questions around this process please contact us on 1800 806 013.

When you opt for electronic verification, the details of the documents you provide to us will be submitted to the Australian government's Document Verification Service (DVS). The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy is available from their website: <http://www.dvs.gov.au>

If you would like to proceed with electronic verification please tick each of the consent boxes below:

You consent to us electronically verifying your identity; AND

you are authorised to provide the identification documents to us; AND

you understand that the details of the identification documents will be checked against the Australian government's document verification service.

Please note that we are unable to make any payment until your identity has been verified either by this method, or by receiving a certified original copy of your identification by post.

We are unable to electronically verify identity documents issued from overseas. If you only have foreign identity documents please send us a certified original copy of your documents, accompanied by a translation document from an accredited translator if necessary, via post. For more information around this please contact us on 1800 806 013.

SECTION 5: DECLARATION

- I do solemnly and sincerely declare that the information provided by me in this Early Release Application Form 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 home) which could (reasonably and realistically speaking) 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 make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended and subject to the penalties provided in that Act for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signature of Member:

Date:

Full Name of Member:

Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to enquiries@freedomofchoice.com.au

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: www.freedomofchoice.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website www.freedomofchoice.com.au