

Superannuation law allows the trustee of Good Super to release benefits to fund members prior to their retirement in cases of severe financial hardship. To access your super in these circumstances you must meet the eligibility conditions set out in superannuation legislation. These are highlighted below.

Please use a dark pen and CAPITAL letters (except for your email address), print it and send it to us. Use (X) to mark boxes. Forms are located on our website at good.com.au/documents. If you have any questions, call us on 1300 788 658.

Good Super must be satisfied that:

- You have been receiving Australian Commonwealth Income Support Payments for a continuous period of 26 weeks and are still receiving these payments – or for a period of 39 weeks if you are aged over the preservation age and 39 weeks. (refer to preservation age information in the PDS)
- The benefit payable is restricted to a single lump sum in any 12 month period, up to a maximum of \$10,000 (gross). If you are aged over your preservation age and 39 weeks there is no maximum amount.
- You have provided an original confirmation letter from Centrelink (Q230 or Q251) in your name that is no older than 21 days from the date of your application.
- You are unable to meet reasonable and immediate family living expenses.

You must

- Complete this Form: which includes a Statutory declaration which must be witnessed, signed and dated. The application form must be complete and accurate in order for Good Super to assess your eligibility for a financial hardship claim. You should also note that on payment of your full super benefit your insurance entitlements will cease.
- Provide certified identification.
- While the supply of your Tax file number (TFN) is optional, it's important to note that a portion of your benefit may be subject to tax if your TFN has not been supplied.
- Provide previous 3 months of bank statements.
- Provide a Centrelink income statement.

STEP 1: YOUR PERSONAL DETAILS

Member number

Date of birth

 / /

Title

Last name

Given name/s

House/Unit No.

Street address

Suburb

State

Postcode

Country

Daytime contact number

Mobile number

M

F

Other

Email

STEP 2: YOUR TAX FILE NUMBER

Good Super might already hold your TFN. However, if you're not sure whether you have previously provided it, you can supply it again for our records. You don't have to provide your TFN, but by doing so you'll ensure any benefit you take from Good Super doesn't incur additional tax.

Tax file number

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STEP 3: PAYMENT DETAILS

Electronic Funds Transfer (EFT)

My account details for payment are as follows:

Account name

BSB number

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Account number

Name of bank/financial institution

Branch

* Note: An EFT payment can only be made if the nominated account is in your name or is a joint account in your name, otherwise payment will be made by cheque.

STEP 6: INCOME, ASSETS AND EXPENDITURE

Income

Provide details of your weekly after tax income (including supporting documentation and a copy of your bank statement(s) for the past three months).

	Commonwealth income support payments (per fortnight)	Other benefits (e.g. family allowance, child support payments) (per fortnight)	Other income (per week)
Self	\$	\$	\$
Spouse	\$	\$	\$
Dependants	\$	\$	\$
TOTAL	\$	\$	\$

LIVING EXPENSES AND DEBTS

Provide details of your living expenses.

These expenses should relate directly to you, your spouse and/or dependants. You should not include any business expenses.

LIVING EXPENSES	Minimum per fortnight payment	Arrears/overdue amount
Food	\$	\$
Rent/board (lease or overdue notice)	\$	\$
Utilities (gas and electricity)	\$	\$
Phone	\$	\$
Rates (water and council)	\$	\$
Medical	\$	\$
Education	\$	\$
Transport (fuel, registration, insurance, public transport)	\$	\$
Insurance (house, health, life)	\$	\$
Other (please specify)	\$	\$
SUB TOTAL (A)	\$	\$

Provide details of your debts.

These debts should relate directly to you, your spouse and/or dependants. You should not include any business expenses. Loan and credit card payments should be based on the minimum payments required, not the total amount owing. Proof of debt is required and must be less than 3 months old.

DEBTS	Minimum per fortnight payment	Arrears/overdue amount
Home loan or other housing loan (mortgage, renovation etc.)	\$	\$
Personal loan repayment (car, boat etc.)	\$	\$
Credit card repayments	\$	\$
Loan from family/friends	\$	\$
Other (please specify)	\$	\$
TOTAL (A) + (B)	\$	\$

Assets

Provide details only of assets owned by either you or your spouse. Do not list business assets.

ASSETS	Estimated current market value
House (family home)	\$
Other property (holiday home, investment property)	\$
Car #1 (specify make, model and year)	\$
Car #2 (specify make, model and year)	\$
Other (boat, bike, art, furniture, home contents)	\$
TOTAL ASSETS	\$

FINANCIAL ASSETS	Estimated current market value
Bank accounts	\$
Term deposits/bonds	\$
Shares	\$
Other	\$
TOTAL FINANCIAL ASSETS	\$

STEP 7: OTHER CLAIM DETAILS

Please provide the reasons why you are now unable to meet your reasonable and immediate family expenses. Explain the cause of your financial hardship and how you would use the money if your application is approved. Provide any additional information you believe supports your application.

STEP 8: PRIVACY

The personal information you provide on this form is collected by and held for Good Super by the fund administrator, DDH Graham Limited, in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth), for the purpose of administering your account and providing you with services associated with your fund membership.

For further information about how your personal information is handled, please call us on 1300 788 658 or visit good.com.au/super/about/privacy-policy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

STEP 9: DECLARATION

CRN declaration

You must supply an original Centrelink Q230 or Q251 letter to your superannuation fund within 21 days of being issued by Centrelink, otherwise it is not valid.

I understand that:

- the department will use information I have provided to Good Super and its administrator to confirm my eligibility for early release of superannuation on the grounds of financial hardship, based on whether I have been in receipt of a qualifying Centrelink payment for a specified period
- the department will disclose to Good Super and its administrator my personal information including my name, date of birth and payment status
- this consent, once signed, remains valid while I am a member of Good Super unless I withdraw it by contacting Good Super or the department
- I can obtain proof of my circumstances/details from the department and provide it to Good 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 for the early release of superannuation on the grounds of financial hardship provided by Good Super
- I understand that if my application is accepted, I will not be able to access further benefits on the grounds of severe financial hardship within the next twelve months

Personal declaration

I request my benefit to be paid by Good Super as instructed on this form. I understand that when my full benefit is paid, Good Super shall be released from all claims, liabilities and obligations in respect of my interest in the Fund. I am aware that I have the right to request more information I require to understand my benefit entitlements in the Fund, including any fees and charges that may apply to the benefit withdrawal. I understand any insurance arrangements with Good Super will cease from the date that the full benefit is paid or if there are insufficient funds in my account to pay the premiums. I declare that to the best of my knowledge all information given on this form is true and correct.

Signature

Date of signed (DD-MM-YYYY)

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STEP 10: STATUTORY DECLARATION (MEMBER)

A statutory declaration may be made in accordance with either the law of the state or territory where it is made or the law of the Commonwealth. Some examples of people who can witness statutory declarations are: a Justice of the Peace, a Solicitor or Barrister holding a current practicing certificate, a Notary Public and members of the police force (in some states).

Note: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of four years – see section 11 of the Statutory Declarations Act 1959.

Commonwealth of Australia Statutory Declaration

Statutory Declarations Act 1959

I
(name of person making the declaration)

of (state) (postcode)
(address of person making the declaration)

declare that:

1. To the best of my knowledge, all information given on my application is true and correct, and
2. I am unable to meet reasonable and immediate family living expenses and do not have any assets (apart from my home), which could reasonably and realistically, be used or sold to cover this gap, and
3. The amount I am requesting to be released is necessary to meet these reasonable and immediate family expenses.
4. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every way.
5. I have not made a claim on account financial hardship on any other superannuation fund within the past 12 months

Person making this declaration:

.....
(name of person making the declaration)

..... (date)
(signature of person making the declaration)

Declared before me:

.....
(name of person before whom the declaration is made)

..... (date)
(signature of person before whom the declaration is made)

.....
(qualifications of person before whom the declaration is made)

..... (state) (postcode)
(contact address of person before whom the declaration is made)

STEP 10: STATUTORY DECLARATION (MEMBER) CONT'D

Please Note: Your statutory declaration must be signed in the presence of a qualified witness. Make sure the person who witnesses your statutory declaration is qualified to be a witness and inserts their full name, qualification and address below their signature. Write your statement using plain English. Write clearly and legibly as your statement must be readable.

A person who is currently licensed or registered under a law in force in a State or Territory to practise in one of the following occupations.

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trademarks attorney
- Veterinary surgeon

A person who is on the following list is also qualified to witness a Statutory Declaration.

- Baliff
- Bank or finance company officer with 5 or more year's continuous service
- Clerk of a court
- Commissioner for affidavits
- Commissioner for declarations
- Judge of a court
- Justice of the Peace
- Magistrate
- Notary public
- Officer of, or an authorised representative of, an Australian Financial Services Licensee (AFSL) with 5 or more year's continuous service
- Police officer
- Registrar, or Deputy Registrar, of a court
- Sheriff
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

STEP 10: STATUTORY DECLARATION (FAMILY/FRIEND LOAN)

Commonwealth of Australia Statutory Declaration

Statutory Declarations Act 1959

I
(name of person making the declaration)

of
(address of person making the declaration) (state) (postcode)

make the following declaration under the Statutory Declarations Act 1959:

.....
.....
.....
.....
.....
.....

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declaration Act 1959, and I believe that the statements in this declaration are true in every particular.

Signature
(name of person making the declaration)

Declared at
(signature of person making the declaration)

Before me
(signature of person making the declaration)

.....
(signature of person making the declaration)

.....
(signature of person making the declaration)

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for term of 4 years - see section 11 of the Statutory Declarations Act 1959.

Note 2: Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 - see section 5a of the Statutory Declarations Act 1959.