# Financial Hardship payment



#### Information about financial hardship

Legislation allows Catholic Super to release benefits to members prior to their retirement in cases of severe financial hardship.

Regardless of your age, you can apply for a single before tax payment of up to \$10,000 in a 12-month period.

Under the legislation, Catholic Super must be satisfied that:

- you are unable to meet reasonable and immediate family living expenses; and
- you have been receiving Commonwealth income support payments for a continuous period of at least 26 weeks.

If you are aged more than your preservation age (see table on this page) plus 39 weeks, you can apply for any amount if Catholic Super is satisfied that:

- You have been receiving Commonwealth income support payments for a cumulative period of at least 39 weeks after you reached your preservation age; and
- You are unemployed or employed for less than 10 hours a week when you lodge this application.

Catholic Super also requires that you have been a member for at least 6 months before we will consider an application for financial hardship.

#### How to apply?

You will need to complete the attached application form and provide:

- · your Centrelink Customer Reference Number (CRN);
- · certified proof of identity as outlined on the form
- appropriate documents to support your claim

Where possible you should provide copies of outstanding bills, statutory declarations relating to debts owing to family or friends that need to be paid immediately or any other documents you feel would support your application.

#### **Proving your identity**

The law requires Catholic Super to verify the identity of members to safeguard member benefits. The accompanying form outlines when and how you need to provide proof of identity documents to support your application.

Please note that if you need to change the name on your account, you will need to provide a linking document. This document proves a relationship between two (or more) names. Suitable linking documents are a certified copy of a marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.

#### Tax file number

Catholic Super is authorised to request your tax file number (TFN) under the Superannuation Industry (Supervision) Act 1993 (SIS). Providing your TFN to Catholic Super is optional, but if you don't, your benefit payment may be taxed at the highest marginal rate. For further details on providing your TFN, please see our website or the *Product Disclosure Statement (PDS)* applicable to your membership.

#### Important information for benefit payments

Benefits are usually processed within five business days of Catholic Super receiving a fully completed and signed application along with the correct proof of identity documents. The payment may take longer if we need to collect further information from you.

The unit price applied to your benefit payment will be the latest price available on the day your benefit is processed. You cannot nominate a processing date for your payment.

If you do not provide correct bank account details, we will pay your benefit by cheque, if possible.

If you are withdrawing or transferring a partial amount, we have a minimum balance requirement of \$6,000. We are also required by law to ensure sufficient funds are retained to meet the minimum annual payments required for your account. We may adjust the partial payment amount to meet those minimum balance requirements.

For further information about tax, preservation rules or your benefit payment options, please see our website or the PDS applicable to your membership.

#### Insurance cover

If you are applying for the full balance of your account, any insurance cover on your account will cease from the date your account is closed.

#### **Preservation rules**

Super benefits are subject to preservation rules set by government law which limit when you can first access your account balance unless you satisfy a condition for early release such as an approved financial hardship or compassionate grounds claim.

Date of birth	Preservation age
1 July 1963 to 30 June 1964	59
1 July 1964 or after	60

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# Financial Hardship payment form



#### 1 – Your member details

## Please complete in pen using CAPITAL letters

Member number		
Title	Sex	Date of birth (ddmmyyyy)
Mr Mrs Ms Miss Other	Male Female	
First name	Last name	
Residential address (must be provided)		
Suburb		
State Postcode Country (if not Australia)		
Postal address (if different from Residential address)		
Suburb		
State Postcode Country (if not Australia)		
Business hours phone After hours phone	Mobile	
Email		

### 2 – Your tax file number (TFN) - don't pay more tax than you have to

Your TFN is confidential and you don't have to give it to Catholic Super. However if you are under age 60, you may pay more tax than you have to if you don't supply it. For more information about providing your TFN, please see our *Product Disclosure Statement (PDS)*.

My TFN is:	OR	I've already provided my TFN to Catholic Super
	OR	I choose not to provide my TFN

### 3 – Proof of Commonwealth income support

Please provide your Centrelink Customer Reference Number (CRN)



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#### 4 - Confirm residency/citizenship status

The ability to pay as cash (and the rate of any applicable tax) may depend upon your residency or citizenship status.

Yes

Are you an Australian or New Zealand citizen or an Australian permanent resident?

Holder (past or present) of visa sub-class 405 or 410

If your payment request is affected by your residency / citizenship status, you will be advised accordingly. Failure to respond to the above questions may result in delays in the processing of your payment(s).

No

Yes

No

### 5 – Amount required

Unless you have reached your preservation age plus 39 weeks, the maximum before tax payment amount is \$10,000. Any applicable tax will be deducted from the payment, which is generally up to 22% or higher if we don't have your TFN.

How much of your account do you believe you need to relieve your financial hardship?

	Full account balance	OR		Other amount: \$			,				.00
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#### 6 – Payment details

Please send a cheque to the postal address I have noted on this form; or					
Please transfer this payment electronically to my bank account as follows:					
Name of bank, building society or credit union BSB					
Your account name (must be a personal account held solely or jointly in your name) Account Number					

Please provide a copy of your bank statement showing the account name, BSB and account number. If required, Catholic Super may seek further evidence prior to making payment.

# 7 – Investment choice

If you have made an investment choice and are requesting a partial withdrawal, you can nominate below how your payment/s are drawn from your investment options. If you don't, your payment/s will be withdrawn in proportion to the balance in each investment option at the time of payment.

Diversified investment options		Single Sector investment options	
Growth Plus	<u> </u>	Australian Shares	%
Growth	<u> </u>	Overseas Shares	%
Balanced Growth	%	Diversified Fixed Interest	%
MySuper	<u> </u>	Cash	%
Balanced	<u>%</u>		
Capital Stable	%		
Future Focus	<u> </u>		
Index Diversified	%		

#### Must total 100%





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### 8 – General information

How many financial dependants* do you have?	
List the ages of your financial dependants	
Are you currently employed?	No Yes
Do you currently have a spouse?	No Yes, if yes, are they: employed self-employed unemployed
Have you or your spouse received or are entitle	ed to receive a redundancy package or workers compensation lump sum payment?
No Yes, if yes, amount: \$	, and date received/expected
* Dependants means anyone who is in whole,	or in part, financially dependent on you such as your children, adult family members or

anyone else who lives with you and shares the bills.

# 9 - Briefly explain the cause(s) of your financial hardship

Please also let us know how any benefit we pay will be used.

#### 10 – Current assets

List below the assets held by you, your partner and dependants including cars, furniture as well as financial assets (but not the family home).

Asset name and brief description	Approximate Asset value
	\$ ,
	\$,
	\$,
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	(Attach a separate sheet if required)

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#### 11 - Current NET weekly income

Please attach evidence to support this such as payslips, bank statements, Centrelink statements etc	Amount per week
Self	\$,
Partner	\$,
Dependants	\$,
Total weekly income	\$

#### 12 - Main weekly expenses

List below all reasonable current weekly expenses in relation to you, your partner and your dependants Do not include any overdue amounts here - you can do that in the next section.	Amount per week
Rent / board	\$,
Home loan repayments	\$,
Personal loan repayments	\$,
Credit card repayments	\$,
Food and household items	\$
Car repayments (not included in personal loan repayments above)	\$,
Gas	\$
Electricity	\$,
Telephone	\$
Car	\$,
Public transport	\$
Clothing	\$,
Municipal and water rates	\$
Home and contents insurance	\$,
Childcare and/or education	\$
Medical / dental	\$,
Life insurance premium	\$,
Health insurance premium	\$,
Centrelink debt repayment	\$,
Any other expenditure (please specify)	\$,
Total weekly expenses	\$

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## 13 – Outstanding amounts

List below any unpaid or overdue bills or liabilities, any outstanding loan or credit card repayments and any other current arrears. We can only consider amounts that are overdue or immediately due and payable.

Please attach evidence to support each item such as overdue notices, account statements, etc	Amount due and payable
Mortgage/home loan arrears	\$,
Car loan arrears	\$
Credit card arrears (please specify)	
	\$,
	\$,
	\$

#### Personal loan arrears (please specify)

If the personal loan is from an individual rather than a lending institution, we require a Statutory Declaration from the individual confirming the reason for the loan, the outstanding amount and that the outstanding amount is overdue or immediately payable.

\$
\$,
\$

#### Other arrears or liabilities currently due and payable (please specify)

	\$
	\$
	\$,
	\$
	\$,
	\$,
Total overdue, immediate arrears and liabilities	\$

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# 14 – Proof of identity

Please find below a list of documents that you can use to prove your identity. Any documents you provide **must** be certified as true copies by a person authorised to certify documents. Read on for further information or see our full proof of identity information online at **csf.com.au**. Catholic Super reserves the right to request further identification documents.

ONLY:       • Current driver's licence issued under State/ Territory law         • Passport         • Current card issued under a State or Territory for the purpose of proving a person's age         • Current national identity card issued by a foreign government for the purpose of identification	<ul> <li>A certified copy of ONE of the following documents:</li> <li>Birth certificate or extract</li> <li>Citizenship certificate issued by the Commonwealth</li> <li>Pension card issued by Centrelink that entitles the person to financial benefits <ul> <li>AND</li> </ul> </li> <li>A certified copy of ONE of the following documents:</li> <li>Letter from Centrelink, in the last 12 months, regarding a Government assistance payment</li> <li>Notice issued by a Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example, an ATO Notice of Assessment or a Rates Notice from your local council</li> </ul>
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#### Change of name

If you have changed your name, you must provide a certified copy of the relevant name change document, for example, a marriage certificate, deed poll, decree nisi/divorce order or change of name certificate issued by the Births, Deaths and Marriages Registration office.

#### Make sure your documents are correctly certified

All copied pages of ORIGINAL supporting documents or proof of identity documents need to be certified as true copies by an individual approved to do so.



# Certified true copy **J. Sample**

Mr John Sample Justice of the Peace Registration No.123456789 Date: 01/01/2020

#### The authorised person must:

- Sight the original and the copy and make sure both documents are identical, then
- Make sure all pages have been certified as true copies by writing or stamping 'certified true copy', then
- Sign, print their name, qualification (eg Justice of the Peace, Australia Post employee etc) and registration number (if applicable), then
- · Date their certification (must be within 12 months of receipt)

Common people used to certify proof of identity documents:

- Pharmacist
- Justice of the Peace
- Notary Public
- Medical practitioner or nurse
- Police officer

- Accountant (CA/CPA)
- Legal practitioner
- Financial planner (Officer with or Authorised Representative of an Australian Financial Services Licensee) (with two years' experience)
- Full time teacher (school or tertiary)
- Bank/credit union/building society officer (with two years' experience)
  - Permanent employee of a Commonwealth, State/Territory or local government (with two years' service)



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The personal information you provide on this form will be used in accordance with Together Trustee's Privacy Statement, which you can view online at **csf.com.au/privacy** or you can obtain a copy by contacting us on **1300 655 002**.

Together Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercer.com.au/privacy

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

#### 15 – Sign the form

#### By signing this form I:

- declare the information provided by me in this financial hardship payment form is true and correct.
- declare I am unable to meet my reasonable and immediate family living expenses and I do not have any assets (apart from my home) which could reasonably and realistically speaking be used or sold to cover this gap.
- authorise Catholic Super and its administrator, Mercer (Australia) Pty Ltd, ABN 32 005 315 917, to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Customer details.
- authorise the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Catholic Super and its administrator, Mercer (Australia) Pty Ltd, ABN 32 005 315 917.

#### I understand that:

- the department will use information I have provided to Catholic Super and its administrator, Mercer (Australia) Pty Ltd, ABN 32 005 315 917 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 Catholic Super and its administrator, Mercer (Australia) Pty Ltd, ABN 32 005 315 917 my personal information including my name, date of birth and payment status.
- this consent, once signed, remains valid while I am a customer of Catholic Super unless I withdraw it by contacting Catholic Super or the department.
- I can obtain proof of my circumstances/details from the department and provide it to Catholic Super so that my eligibility for early release of superannuation of 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 release of my superannuation benefits from Catholic Super.
- any insurance cover I have in Catholic Super will cease if I withdraw my total super account balance or if there are insufficient funds to cover my insurance premiums.
- I can only receive one benefit payment in any 12-month period due to severe financial hardship.

#### Signature

X	7		

Date (ddmmyyyy)								

#### Please return your completed form and any supporting documents to: Catholic Super, GPO Box 4303, Melbourne VIC 3001



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