October 2026

# EARLY RELEASE OF SUPER

You can apply for early release of your super under the following claim types:

- **Severe financial hardship:** Refer to page 1 of this fact sheet, and apply by returning the attached form to us.
- **Compassionate grounds:** Refer to page 2 of this fact sheet, and apply through the Australian Taxation Office (ATO).

## Severe financial hardship

| | Claim type 1 | Claim type 2 |
|---|---|---|
| Age | • No age requirements | • Reached preservation age only (usually age 60, see 'Your preservation age' below). |
| Eligibility | • Have received an approved Australian government income support payment for at least 26 *consecutive* weeks<br>• Receiving income support at the time of application<br>• Satisfy OnePath Custodians Pty Limited (OPC, the Trustee) you're unable to meet reasonable and immediate family living expenses.<br>• Have overdue bills which you're unable to pay from:<br>– your family income (including partner if applicable), after covering everyday living costs, and<br>– any assets (excluding your home) which you reasonably could use or sell to pay those overdue bills. | • Have received an approved Australian government income payment for a total of 39 weeks *at any time* since meeting preservation age<br>• Not currently employed for 10 or more hours per week. |
| How much can you receive? | • Maximum $10,000 (see 'Will tax get taken out?' below)<br>• Maximum of one payment every 12 months. | • No restrictions once approved. |
| Will tax get taken out? | • Up to 22% tax including 2% Medicare levy. | • Tax free over age 60, but can apply under age 60 depending on your super components. |
| | If you have not supplied your tax file number (TFN), your benefits may be subject to tax at the highest marginal rate, plus the Medicare Levy and Medicare Levy Surcharge (if applicable). You do not have to supply your TFN. We'll generally contact you if you have not previously supplied your TFN. | |

### Your preservation age

Preservation age is the age at which you can generally access your super if you have retired. Refer to the table below.

- **Claim type 1:** No age requirements apply.
- **Claim type 2:** Have met preservation age.

| When were you born? | Your preservation age |
|---|---|
| After 1 July 1964 | 60 |
| 1 July 1963 – 30 June 1964 | 59 |
| 1 July 1962 – 30 June 1963 | 58 |
| 1 July 1961 – 30 June 1962 | 57 |
| 1 July 1960 – 30 June 1961 | 56 |
| Before 1 July 1960 | 55 |

Age restrictions don't apply for Compassionate grounds claims – see 'Compassionate grounds' on the next page.

### How to apply

- Use the attached form and send to us, see **Where to send your Early Release of Super - Severe Financial Hardship Application Form**
- If approved, we'll make a payment to you.

You can withdraw your super if:

- you have received an approved Australian government income support payments* and
- you have overdue bills which you're unable to pay from family income or the sale of financial assets.*

* Other conditions apply. Refer to the table above.

### Where to send your Early Release of Super – Severe Financial Hardship Application Form

**Post:** OnePath Custodians Pty Limited
GPO Box 5306, Sydney NSW 2001
**Email:** superbenefits@insigniafinancial.com.au

Note, if you're applying for Compassionate grounds, you'll need to apply directly with the ATO (see below).

## Compassionate grounds

Compassionate grounds is another way to apply for early access to your super, and is separate to Severe financial hardship claims.

Applications can only be sent to the ATO (see 'How to apply' below).

You can only claim for specific reasons, such as:

- medical or medical-related home modifications
- funeral costs (for yourself or someone else), or
- to cover mortgage payments if your home is at risk of foreclosure.

Conditions apply. See below.

### How to apply

- Apply directly with the Australian Taxation Office (ATO) through your myGov account (not through your super fund)
- If approved, the ATO will send you a letter confirming the amount to be release. ATO will also send a copy of the approval letter to your super fund.
- Send us a completed withdrawal form available at **www.onepathsuperinvest.com.au/forms-and-brochures**

### Eligibility

You may be approved for Compassionate grounds to cover expenses for:

- medical treatment for a life threatening illness or injury to yourself or a dependant where treatment is not readily available through the public health system
- costs of transport for treatment for yourself or a dependant
- alleviation of chronic or acute pain or mental disturbance, where treatment is not readily available through public health system
- modification of your principal residence or motor vehicle to accommodate your or your dependant's disability
- palliative care or funeral costs for you or a dependant
- payment of a portion of a loan to prevent foreclosure on your principal place of residence.

You will generally be required to provide documentation as part of your application.

### How much can I receive?

No maximums apply to other criteria for compassionate release, except for foreclosure. The maximum release for foreclosure is 3 months of repayments plus the value of 12 months of interest on your loan.

**For more information, refer to www.ato.gov.au, or contact us on 133 665 or superbenefits@insigniafinancial.com.au**

OnePath

# Early Release of Super – Severe Financial Hardship Application Form

October 2026

## 1. Applicant details

Member number

Fund name

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

Surname

Given name(s)

Residential address
(this cannot be a PO Box)

Suburb/Town State Postcode

Postal address
(if it is different from the residential)

Suburb/Town State Postcode

Phone (during business hours) Mobile

Email

Date of birth (dd/mm/yyyy) / /

Number of Financial dependants

## 2. Claim type

For which Claim type are you applying? Refer to the attached fact sheet if you need more information.

☐ **Claim type 1:** I confirm I have received an approved Australian government income support payment for 26 consecutive weeks (without any pause in payments).

What amount up to a maximum $10,000 (gross) do you estimate would relieve your current severe financial hardship?

$ Continue to Step 3

(Note: subject to tax of up to 22% including Medicare levy, provided we hold your TFN.)

**OR**

☐ **Claim type 2:** I confirm I have reached my preservation age, received an approved Australian government income support payment for a total of 39 weeks since reaching preservation age, and am not employed for 10 or more hours per week.

What amount do you estimate would relieve your current severe financial hardship (no maximum)?

$ Continue to Step 4

(Note: payments are tax free after age 60, and may apply under this age.)

## 3. Income

What was the approximate net income (take home pay, excluding Family tax benefits A and B) for you and your partner/dependant(s) (if applicable)?

Last fortnight Self $ Partner $ Dependents $

## 4. Assets

Please provide the details below of any assets you own, including the combined totals of those owned by your partner and/or dependants

| | | | If Yes, total value |
|---|---|---|---|
| Bank accounts/term deposits | No | Yes | $ |
| Car(s), motorcycle(s), boat(s) or caravan(s) | No | Yes | $ |
| Holiday home | No | Yes | $ |
| Shares/other financial investments | No | Yes | $ |

## 5. Expenses

Please list your estimated fortnightly everyday living expenses (including partners and/or dependants if applicable):

| | | | |
|---|---|---|---|
| Rent/board/mortgage repayment | $ | Council rates | $ |
| Food and household items | $ | Insurance (eg house/car/medical) | $ |
| Electricity/gas | $ | Education | $ |
| Telephone | $ | Medical/dental | $ |
| Fuel/public transport | $ | Other: please specify | $ |
| Clothing | $ | **Total per fortnight** | **$** 0.00 |

## 6. Outstanding bills

**Do you have any overdue loan amounts, eg home loan, personal loans or credit cards?**

Note: Personal loans where a written loan contract is not in place will not be considered, such as loans from family members or friends.

| | |
|---|---|
| Home loan | $ |
| Credit card(s) | $ |
| Other loans (eg personal/car) | $ |
| Other: please specify | $ |
| Other: please specify | $ |
| Other: please specify | $ |

Briefly explain the cause of your financial hardship and how the money will be used if released:

## 7. Customer consent record

**Tick ONE option below:**

☐ I authorise the Trustee to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink customer details in order to assist with early release of superannuation.

- I also give consent for Services Australia to provide the results of that enquiry to the Trustee.
- I understand Services Australia will disclose information to the Trustee based on whether I have been in receipt of a qualifying Centrelink payment for a specified period to confirm my eligibility to early release of super on the grounds of financial hardship. Services Australia will also disclose personal information including my name, date of birth and payment status.
- I understand this consent remains valid while I am a customer of the Trustee unless I revoke it by contacting the Trustee or Services Australia.

Centrelink Customer Reference Number (CRN) ☐☐☐☐☐☐☐☐-☐☐☐-☐☐☐

**OR**

☐ I will obtain proof of my circumstances/details from Services Australia and provide it to OPC so that my eligibility for early release of super can be determined.

- I understand that if I do not provide proof of my social security benefit, the Trustee will be unable to determine my eligibility for payment under severe financial hardship.

## 8. Proof of identity

Please complete option 1 **OR** option 2 below as proof of identity for superannuation entitlements.

### Option 1 – Electronic verification

**Please provide details for any TWO of the following forms of identification:**

**Driver Licence**

Full name (as it appears on your Driver Licence)

Surname

Given name(s)

Licence number | Card number* | State

Address (as it appears on your Licence)

Suburb/Town | State | Postcode

Expiry date ☐☐ / ☐☐ / ☐☐☐☐

* Card number is a series of numbers/letters and is separate to your driver licence number. You'll find your card number on the front or back of your card (depending on your state).

**Medicare card**

Full name (as it appears on your Medicare card)

Surname

Given name(s) | Middle initial

Card colour (please tick) ☐ Green ☐ Blue ☐ Yellow

Medicare card number ☐☐☐☐☐☐☐☐☐☐

Individual reference number (the number to the left of your name) ☐

Expiry date ☐☐ / ☐☐ / ☐☐☐☐

**Australian passport**

Full name (as it appears on your passport)

Surname

Middle name

Given name(s)

Passport number

**Australian visa (foreign passport holders)**

Full name (as it appears on your passport)

Surname

Middle name

Given name(s)

Passport number

Country of issue

By providing my proof of identity details above, I confirm that I am authorised to provide the personal details presented and give my consent for the Trustee to verify my identity by disclosing my name, residential address and date of birth to a credit reporting agency and by confirming the authenticity of my Government issued identification with relevant Government departments or approved service provider. I understand that if my identity cannot be verified electronically from the information I have provided, then I will be contacted to discuss whether manual document verification would be more effective.

### Option 2 – Certified copies of identification

Please provide original certified copies of identification. Each page must be certified as a true copy. Please refer to the 'Completing proof of identity' document on our website for information on acceptable proof of identity documents and who can certify them.

**Electronic verification if paper copies of certified documentation are incorrectly certified or unable to be read.**

I authorise the use of my personal details for the purpose of electronically verifying my identity where possible if the paper copies of my certified documentation are incorrectly certified or unable to be read. I understand that my personal information will be shared with a secure external service provider in order to match my information with identification data sources.

## 9. Payment instructions

☐ Please deposit the benefit directly into the following bank account

### Bank account details

Please note, the account must be held either solely or jointly in your name

Name of financial institution

Account name

BSB ☐☐☐–☐☐☐ Account number ☐☐☐☐☐☐☐☐☐

## 10. Declaration

- I declare that the information provided by me in this application is true and correct.
- I declare that I have not applied for and been granted a release on the grounds of severe financial hardship from any super fund or retirement savings account in the 12 months immediately prior to the date of this application.
- I declare that I have read and understood the definition of reasonable and immediate living expenses in the accompanying application and are unable to meet such expenses. I do not have any assets (apart from the family home if applicable) that could reasonably and realistically be used or sold to pay those expenses.
- I declare that my reasonable and immediate family living expenses are in arrears and we are unable to make payments in accordance with contractual obligations.
- I declare that the information I am providing in this form is my personal information and I have the authority to provide it.
- I authorise the use of the personal information I have provided in this form in order to electronically verify my identity.
- I understand that my personal information will be shared with a secure external document verification service in order to match my information with identification data sources.
- I understand that if my identity cannot be verified electronically from the information I have provided, then I will be contacted to discuss whether manual document verification would be more effective.
- I acknowledge that the personal information I have provided will be handled by OnePath Custodians in accordance with its privacy policy, available at onepathsuperinvest.com.au/about-us/privacy-policy.
- I give my consent for the Trustee to verify my identity by disclosing my name, residential address, date of birth and email address to a credit reporting agency and by confirming the authenticity of my Government issued identification with relevant Government departments.
- If my details do not match the records held on file by the Illion Credit Reporting Agency I will be notified in writing by either the Trustee or VixVerify on behalf of the Trustee. VixVerify is product owner of GreenID, the Trustee's electronic verification system.

### Privacy

Information provided to the Trustee will only be used for the purpose of assessing a claim for severe financial hardship release in accordance with SIS regulation 6.01(5), and may be accessed and updated by you through Customer Services. Your details will only be disclosed to other parties where required by law (for example, ATO) or to contracted service providers who perform administration functions under the Trustee's delegation. If you do not provide all of the requested information, the Trustee may not be able to action your request. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at onepathsuperinvest.com.au/about-us/privacy-policy.

By signing below, I authorise the collection and use of the above information by the persons and for the purpose specified above and I consent to the above statements.

### Signature of person(s) making the declaration

Signature (sign clearly within the box) ✗ Date (dd/mm/yyyy) / /