

Application for Early Release of Benefits due to Severe Financial Hardship

Integra Super

13 April 2019

Retirement Portfolio Service (Fund)

ABN 61 808 189 263 RSE R1000986

OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

347 Kent Street, Sydney NSW 2000

Customer Services

Phone 133 665

Email customer@onepath.com.au

Website onepath.com.au

Instructions

If you are seeking the early release of your superannuation benefits on the grounds of severe financial hardship, you should complete the attached Application Form and Statutory Declaration. If you wish to apply for early release of your superannuation benefits because you are either permanently incapacitated from work, or you are leaving Australia permanently, do NOT complete this Application. Please contact Customer Services on 133 665 for further information.

Complete and sign the form and return to:

Integra Super

OnePath Custodians Pty Limited

GPO Box 5306

Sydney NSW 2001

From 1 April 2009, an individual who has, at any stage, been a temporary resident and is not a citizen or a permanent resident of Australia or New Zealand, is only able to withdraw their superannuation benefits under limited conditions of release, including: death, terminal medical condition, permanent incapacity, temporary incapacity, unclaimed money payment, and departed temporary resident.

Exceptions apply to individuals who have satisfied a condition of release prior to 1 April 2009. Please speak to your financial adviser for more information, or contact OnePath on 133 665 weekdays between 8.30 a.m. and 6.30 p.m. (AEST).

Severe Financial Hardship

Under current superannuation laws, the Trustee of your Fund is required to assess your application for early release of benefits due to severe financial hardship. In determining whether you qualify for release of benefits on this basis, the Trustee must be satisfied that you meet one of the following sets of requirements.

Category A (applies at any age)

1. Be in receipt of Commonwealth income support payments for a continuous period of 26 weeks.
To consider your claim, we need a certified copy (or the original) of a Q230 letter from Centrelink (now merged into the Department of Human Services (DHS)) or Veterans Affairs. This letter is issued by DHS or Veterans Affairs to confirm that you are receiving benefits and have done so for the required period. Alternatively, you may provide your Centrelink Customer Reference Number (CRN) with your authority to allow us to contact DHS directly. Let DHS or Veterans Affairs know that the Trustee requires this letter so that we may consider your early release application. The letter needs to be dated within 21 days of us receiving your application form.
2. Satisfy the Trustee that you are in 'severe financial hardship'.
Generally, you are in 'severe financial hardship' where you have no other assets or resources which could reasonably be used, in the next six months, to cover the gap between your personal income and expenses associated with the basic necessities of everyday living, other than making use of your preserved superannuation benefit. In most circumstances, these financial difficulties will be due to a significant reduction in income or increase in expenses.

How much can I receive?

The Trustee is required to assess your application before any benefit is paid to you. The Trustee will decide whether to release the benefit to you and how much will be released. Under the superannuation laws, the maximum amount which the Trustee may release is a single payment of \$10,000 gross in any 12-month period. The minimum amount which the trustee may release is \$1,000, except where the account balance is less. The amount you receive will be less any PAYG tax payable on the benefit payment.

Category B

If you have reached your preservation age and 39 weeks:

1. To consider your claim, we need a certified copy (or the original) of a Q230 letter from Centrelink (now merged into the Department of Human Services (DHS)) or Veterans Affairs. This letter is issued by DHS or Veterans Affairs to confirm that you are receiving benefits and have done so for the required period. Alternatively, you may provide your Centrelink Customer Reference Number (CRN) with your authority to allow us to contact DHS directly. Let DHS or Veterans Affairs know that the Trustee requires this letter so that we may consider your early release application. The letter needs to be dated within 21 days of us receiving your application form.
2. Demonstrate to the Trustee that you are not employed on either a full-time or part-time basis on the date of your application for release.

Please complete all three sections of the attached Application form, including the statutory declaration and privacy statement and return to OnePath. Upon receipt of these requirements, we will consider your application and advise you of our decision.

Checklist

- Have you fully completed the Application Form?** You will need to answer all relevant questions on the Application Form.
- Have you completed the Statutory Declaration?** You will need to complete the Statutory Declaration and have your signature witnessed. Refer to page 7 for a list of persons who can witness your Statutory Declaration.
- Have you provided us with an Integra Super Withdrawal Form?** If you have not already done so, please provide us with a completed Integra Super Withdrawal Form, including your certified proof of identification, available from onepath.com.au/superandinvestments or Customer Services on 133 665.
- Have you attached all requested supporting documentation?** You will need to provide your government income support letter or your Centrelink Reference Number (CRN) Authority form, and if you are applying under Category A, evidence of your weekly income, copies of bank statements and evidence of any debts.
- Have you provided us with your tax file number?** If you have not already done so, please provide us with your tax file number.

Collection of Tax File Numbers

Your employer may already have provided your Tax File Number (TFN) to Integra Super. If not, we are required to tell you the following details before you provide your TFN. Your TFN is confidential and you should know the following before you decide to provide it to us:

- The Trustee is authorised to collect your TFN under the taxation and superannuation laws.
- If you do provide your TFN to us, we will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation payment you may be entitled to and providing information to the Commissioner of Taxation such as reporting details of contributions, for the purposes of the government co-contribution, lost member reporting and monitoring of contribution caps.
- If you do provide your TFN to us, we may provide it to the trustee of another superannuation fund or a Retirement Savings Account (RSA) provider where the Trustee or RSA provider is to receive your transferred benefits in the future.
- We will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on.
- Your TFN will be treated as confidential.
- We may quote your TFN to the Australian Taxation Office when reporting details of contributions for the purposes of the government co-contribution and lost member reporting.

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give us your TFN, either now or later:

- We may not be able to accept non-concessional contributions and you may be liable to pay additional tax on concessional contributions.
- You may pay more tax on your benefits than you have to (you may get this back at the end of the financial year in your income tax assessment).
- It may be difficult to locate or amalgamate your superannuation benefits in the future.

The purposes for which we can use your TFN and the consequences of not providing it to us may change in the future as a result of changes to the law.

1. General information

Member number

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

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

Residential address (this cannot be a PO Box)

Suburb/Town State Postcode

Country

Postal address (if different from above)

Suburb/Town State Postcode

Country

Phone Home Business

Mobile Fax

Email address

Tax File Number (TFN) - -

* If a valid tax file number is not provided, you may be liable for extra tax.

Dependants (Category A only)

Number of financial dependants (e.g. your partner and any children)

Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>

Note: Please photocopy this page if you have more than five financial dependants and attach to the completed form.

Employment (Category A only)

Are you:

An employee Occupation

Self employed Business

Unemployed

Other Please specify

If you are employed, how many hours per week do you work?

Is your partner:

An employee Occupation

Self employed Business

Unemployed

Other Please specify

Amount to withdraw (Category A and B)

\$, . (net)

(Category A only – Please note that the maximum amount which the Trustee may release under the superannuation law is \$10,000 gross in any 12 month period. A minimum of \$1,000 also applies except where your total account is less than \$1,000.)

Previous financial hardship applications (Category A only)

Have you applied for superannuation benefits to be released from us on the grounds of severe financial hardship within the last 12 months? Yes No

Was the release granted? Yes No

If so, amount released \$, .

Date granted (dd/mm/yyyy) / /

2. Financial details

Income (Category A only)

Please provide details of your current total NET weekly income. (Provide evidence, e.g. pay slips, bank statements etc.)

Self\$, .

Partner\$, .

Dependants\$, .

Income support (Category A only)

Are you in receipt of income support payments (such as Newstart, Family Tax Benefits or Austudy), workers compensation or any other lump sum? (Provide evidence, e.g. bank statement)

Yes No

If **yes**, please specify what type of benefit(s):

Weekly amount of benefit(s):\$, .

Weekly expenses (Category A only)

List the main current weekly expenses in relation to you, your partner and your dependants (exclude any business expenses).

Item	Amount per week
Rent/board.....	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Home loan repayments	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Personal loan repayments	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Food and household items.....	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Electricity.....	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Gas	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Phone.....	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Car – Fuel.....	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
– Registration	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
– Insurance.....	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Clothing	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Education	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Medical.....	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Any other expenditure..... Specify <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Any other expenditure..... Specify <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Any other expenditure..... Specify <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Total	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Assets (Category A only)

Excluding the family home, please provide details of personal assets for you and your partner and their market value (e.g. cars, furniture, bank accounts, shares, real estate):

Asset	Market Value
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Total	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

2. Financial details – continued

Liabilities (Category A only)

Please provide details of personal liabilities for you and your partner (exclude any business liabilities)
(e.g. home loan, personal loan, court order, car loan, credit cards):

Liability	Amount Outstanding
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Category A only

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Category A and B

Please provide any other additional information you wish in support of your application:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

3. Statutory Declaration

By signing this application I confirm that I have read and understood the Privacy statement on page 8.

Details of persons making the declaration.

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Address	<input type="text"/>		
Suburb	State <input type="text"/>	Postcode <input type="text"/>	
Country	<input type="text"/>		
Occupation	<input type="text"/>		

By completing this form, I also:

- consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in OnePath's Privacy Statement outlined on page 8 and OnePath Custodians' Privacy Policy which is available at onepath.com.au/superandinvestments/privacy-policy, or by calling Customer Services. If I have provided information about another person in this application I declare that I have the consent of that person to do so. I understand that OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onepath.com.au/superandinvestments/privacy-policy
- consent to OnePath Custodians using and sharing my Tax File Number with its related group companies to provide services (including account consolidation) and products to me.
- consent to OnePath Custodians, and its related companies using my personal information (including health and other sensitive information) to send me information about their products or services from time to time. I also consent to OnePath Custodians disclosing my personal information (including health and other sensitive information) to organisations, including those in an arrangement or alliance with OnePath Custodians or its related companies, to share information for marketing purposes and to enable those alliance partners to send me information about their products and services. If I do not want OnePath Custodians or its related companies using and disclosing my information for this purpose, I understand and agree that I must phone 133 665 to withdraw my consent.
- consent to my employer or former employer disclosing my personal information (including health and other sensitive information) to a financial adviser, in circumstances where one has been appointed, in order to undertake management and administration of the plan.

By completing this form, I do solemnly and sincerely declare that the information provided by me in the Application for Early Release of Benefits due to Severe Financial Hardship annexed to this Statutory Declaration is true and correct.

I also declare that if I am applying under Category A, 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 living expenses.

I also declare that if I am applying under Category B, I am not gainfully employed on either a full-time or part-time basis.

I make the 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 person making declaration

(sign clearly within box)

Date (dd/mm/yyyy)

Insert details of witness before whom the declaration is made.

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Residential address (this cannot be a PO Box)	<input type="text"/>		
Suburb/Town	State <input type="text"/>	Postcode <input type="text"/>	
Country	<input type="text"/>		
Occupation	<input type="text"/>		

Signature of witness

(sign clearly within box)

Date (dd/mm/yyyy)

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 as 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 not exceeding four years if the offence is prosecuted upon indictment.

Persons who can witness your Statutory Declaration

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- Bailiff
- Bank officer with five or more continuous years of service
- Building society officer with five or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with five or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3 (d) of the *Consular Fees Act 1995*; and
 - c. exercising his or her function in that place.
- Employee of the Commonwealth who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3 (c) of the *Consular Fees Act 1995*; and
 - c. exercising his or her function in that place.
- Fellow of the National Tax Accountants' Association
- Finance company officer with five or more years of continuous service
- Holder of a statutory office not specified in another item in this Schedule
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - a. an officer; or
 - b. a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous service; or
 - c. a warrant officer within the meaning of that Act.
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - a. the Parliament of the Commonwealth; or
 - b. the Parliament of a State; or
 - c. a Territory legislature; or
 - d. a local government authority of a State or Territory.
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public
- Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - a. the Commonwealth or a Commonwealth authority; or
 - b. a State or Territory or a State or Territory authority; or
 - c. a local government authority;with five or more years of continuous service who is not specified in another item in this Schedule.
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made (such as a Justice of the Peace)
- Police Officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - a. the Commonwealth or a Commonwealth authority; or
 - b. a State or Territory or a State or Territory authority.
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution.
- Member of the Australasian Institute of Mining and Metallurgy
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having five or more years of continuous service with one or more licensees.

Note: The person who is authorised to certify documents must make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, contact details, qualification (e.g. Justice of the Peace, Australia Post employee, etc.) and date.

Privacy Statement

In this section 'we', 'us' and 'our' refers to OnePath Custodians Pty Limited and other members of the ANZ Group. We collect your personal information (including health and other sensitive information) from you in order to manage and administer our products and services. We may need to disclose it to certain third parties.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information (including health and other sensitive information) and is available on request or may be downloaded from onepath.com.au/superandinvestments/privacy-policy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud
- any related company of OnePath Custodians which will use the information for the same purposes as OnePath Custodians and will act under OnePath Custodians' Privacy Policy
- organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions and undertake analytics activities
- organisations performing administration
- compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems
- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial adviser)
- regulatory bodies, government agencies, law enforcement bodies and courts

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- The *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at onepath.com.au/superandinvestments/privacy-policy

Overseas recipients

We may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in our Privacy Policy available at onepath.com.au/superandinvestments/privacy-policy

Marketing and Privacy

We and other members of the ANZ Group may use your personal information (including health and other sensitive information) to send you information about our financial products or services from time to time.

We and ANZ may also disclose your personal information (including health and other sensitive information) to related companies, alliance partners, and organisations in an arrangement or alliance with us and/or ANZ to jointly offer products or share information for marketing purposes. This is to enable them or ANZ to tell you about a product or service they offer or that a third party with whom they have an arrangement offers.

If you do not want us or ANZ to use and disclose your information as set out above, phone Customer Services on 133 665 to withdraw your consent.

Privacy Policy

Our Privacy policy contains information about:

- when we may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you;
- and how you can raise concerns that we have breached the *Privacy Act* or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

GPO Box 5367

Sydney NSW 2001

Email: superprivacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let OnePath know by contacting Customer Services. More information can be found in our Privacy Policy which can be obtained from our website at onepath.com.au/superandinvestments/privacy-policy