

BENEFIT PAYMENT REQUEST FORM

SEVERE FINANCIAL HARDSHIP



We refer to your recent request to claim financial hardship from your Energy Super account. Please complete the enclosed form if you wish to withdraw part of your superannuation due to severe financial hardship. This form should be read in conjunction with the *How Super Works* Guide and the *Proof of Identity Requirements* Fact Sheet, available at energysuper.com.au

IMPORTANT INFORMATION

To help us process your claim in a timely manner, please find below a checklist of requirements for your claim. All financial institutions are required by law to maintain rigid identity checking procedures to prevent fraud and money laundering. There are two types of financial hardship that can be claimed depending on your circumstances.

In order for your claim to be assessed, you will need to meet one of the following criteria:

Am I eligible to apply for severe financial hardship?	Criteria 1	To be eligible under this criteria, you must: <ul style="list-style-type: none">• be receiving and have been in receipt of an eligible Commonwealth income support payment (e.g. Newstart allowance) for the last 26 weeks; and• be unable to meet reasonable and immediate living expenses.• have been a member of the Fund for 2 years or more.
	Criteria 2	To be eligible under this criteria, you must: <ul style="list-style-type: none">• have reached preservation age plus 39 weeks; and• be receiving and have been in receipt of an eligible Commonwealth income support payment for a cumulative period of 39 weeks after reaching preservation age; and• be unemployed or not gainfully employed for 10 or more hours per week.• have been a member of the Fund for 2 years or more.

If the Trustee (the Fund) is not satisfied that you meet at least one of the criteria above, then you will **not** be able to make a claim under severe financial hardship.

In order for your claim to be assessed, please provide all of the following information or documentation with this Benefit Payment Request – Severe Financial Hardship Form.

What information or documents do I need to provide?	Information from Centrelink	To be able to claim financial hardship, you can either: Authorise us to confirm electronically with Centrelink your receipt of a Commonwealth income support payment by providing us with your Centrelink Customer Reference Number (CRN) under Section 9 of this Form; OR Provide a Q230 (if you are claiming using Criteria 1) or Q251 (if you are claiming using Criteria 2) letter from Centrelink. Please note these letters are valid for 21 days from the date of issue . We require all information prior to the expiry date otherwise we will require a new Q230/Q251 letter.
	Bills	As part of your claim we require the minimum of one bill. This bill must be unpaid , have a due amount and be less than 60 days old. Please note we do not accept fines, court-ordered penalties, invoices or quotes as bills.
	Bank statement	We require a bank statement detailing your nominated account. This must state your BSB, account number, name, address and must be on bank letterhead. Hand written information will not be accepted.
	Proof of identity	You can choose to have your identity verified either electronically or document-based on page 8 of this form. There are some instances where we won't be able to verify your documents using the electronic method, such as if you've recently changed your name. If you decide to take the document-based approach, please ensure you've provided your certified (within 12 months) ID documents when submitting this form. Also ensure you include any certified linking documents if you have a name change or if you are signing on behalf of another person. Further information on proving your identity can be found in the <i>Proof of Identity Requirements</i> Fact Sheet, available at energysuper.com.au

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Once you have gathered all the required information/documents as listed on the previous page, please ensure you have entered all of the following information in the form enclosed.

<p>What other details do I need to provide?</p>	<p>Centrelink Customer Reference Number (CRN)</p>	<p>Please ensure you have provided your CRN if you wish to authorise the Fund to confirm electronically with Centrelink that you have been in receipt of a Commonwealth income support payment for a specified period. You can provide your CRN in Section 9 of this Form on page 5. If you wish to instead provide us with a Q230 or Q251 letter from Centrelink you can skip Section 9 and simply attach the letter to this form.</p>
	<p>Spouse details</p>	<p>Please ensure you have declared your spouse (if applicable) in the General information section on page 4. If you do have a spouse you will need to declare their income in the Financial details section on page 5.</p>
	<p>Your dependants</p>	<p>Please ensure you notify us of any person/s who is financially dependent on you in the General information section on page 4. If they are in your care full time, and/or if you are making child support payments, please note this on the Financial details section on page 5.</p>
	<p>Income</p>	<p>We require an accurate figure of your fortnightly income support payments. If you are unsure of the exact amount you receive, you can provide us with a copy of your current Centrelink Income Statement. Please also include any additional income you may be receiving such as shares or other assets and investments.</p>
	<p>Liabilities and living expenses</p>	<p>Please provide, to the best of your ability, your estimated fortnightly living expenses, as well as your immediate liabilities. You must itemise your expenses as accurately as possible in the Financial details section on page 5.</p>
	<p>Statutory Declaration</p>	<p>Please ensure that you have signed and dated the Statutory Declaration enclosed in this form before an approved witness such as a Justice of the Peace, Magistrate or Commissioner for taking Affidavits or Declarations or a notary public. Further information can be found in the Statutory Declaration section on page 7.</p>
	<p>Tax File Number</p>	<p>Although you are not legally obligated to do so, providing your Tax File Number (TFN) will allow us to process your claim more efficiently. Further information can be found in the Providing your Tax File Number section on page 9.</p>

In addition to the above, it is important that you complete all sections of your claim form and ensure that it is dated and signed. Please ensure that you have entered all required information and supplied us with all the required documentation as listed on the previous page so that we can process your claim efficiently. If you do not supply us with all required information and documentation, we will be unable to process your claim.



STILL NEED HELP FILLING OUT THIS FORM?

If you feel like you need more guidance when filling out this form, simply call us on **1300 436 374** or email **info@energysuper.com.au**

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BENEFIT PAYMENT REQUEST FORM



SEVERE FINANCIAL HARDSHIP

Please complete this form in **BLOCK** letters using a blue or black pen. Print an 'X' to mark boxes where appropriate.

Please note: Before completing your claim for Severe Financial Hardship, you should check that no other means of release are available to you, such as cashing of unrestricted non-preserved amounts or satisfaction of other conditions of release (such as retirement). Please see the *How Super Works* Guide available on the Energy Super website for more details. If another condition of release is available to you, you should complete the appropriate Benefit Payment Request Form.

1. YOUR PERSONAL DETAILS

Energy Super member number:

Surname:

Title: Mr Mrs Ms Miss Dr

Given names:

Date of birth: (DD/MM/YYYY) / /

Residential address:

State: Postcode:

Postal address (if same as above, write "as above"):

State: Postcode:

Telephone (home):

Telephone (work):

Mobile:

Primary email:

Secondary email:

Are you currently employed on a full-time or part-time basis (more than ten hours per week)?

Yes No

Date you finished work with your last employer (if applicable) (DD/MM/YYYY):

 / /

Are you an Australian or New Zealand citizen, or a permanent resident of Australia?

Yes No

Please note: Temporary Residents are NOT able to claim superannuation under the severe financial hardship conditions.

Do you intend to claim a tax deduction for any personal contributions you have made to the Fund (that you have not yet notified us about in writing)?

Yes No

If yes, please submit a *Deduction for Personal Super Contributions* Form before proceeding. This form is available online at energysuper.com.au

2. INFORMATION FROM THE DEPARTMENT OF HUMAN SERVICES

To be granted early release of super on the grounds of severe financial hardship, the Trustee (the Fund) must be satisfied that you meet one of the following criteria:

Criteria 1 : eligibility requirements

- You are unable to meet reasonable and immediate family living expenses
- You are receiving and have been in receipt of an eligible Commonwealth income support payment (eg Newstart Allowance) for the last 26 weeks and the Fund is able to confirm this with the Department of Human Services;
- You have not had any superannuation benefits for severe financial hardship released to you either from the Fund or any other superannuation fund in the last 12 months
- Your claim is between an amount of \$1,000-\$10,000, before tax (or the balance of your account if it is less than \$1,000) and the Fund is satisfied that you are unable to meet your reasonable and immediate family living expenses - the Fund will make its own determination on the final amount of any payment made
- have been a member of the Fund for 2 years or more.

OR

Criteria 2: eligibility requirements

- You have reached your preservation age, plus 39 weeks
- You are receiving and have been in receipt of an eligible Commonwealth income support payment for a cumulative period of 39 weeks after reaching preservation age and the Fund is able to confirm this with the Department of Human Services;
- You are not gainfully employed for 10 or more hours per week
- Have been a member of the Fund for 2 years or more.

Under either Criteria 1 or Criteria 2 you cannot access more than the balance of your super account. Please tick one of the boxes below to advise the relevant Criteria under which you are claiming financial hardship:

Criteria 1— I meet the eligibility requirements for this criteria and have provided my Centrelink Reference Number (CRN) under Section 9* of this Form OR have attached a Q230 letter. Please complete **Sections 3 -14** of this Form;

Criteria 2— I meet the eligibility requirements for this criteria and have provided my Centrelink Reference Number (CRN) under Section 9* of this Form OR have attached a Q251 letter. Please complete **Sections 8 -14** of this Form.

*If you elect to provide your Centrelink Customer Reference Number (CRN) under Section 9 of this Form you will be authorising the Fund to confirm electronically with Centrelink your receipt of a Commonwealth income support payment.

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Please note: If you do not provide your CRN under Section 9 or you do not attach a Q230 or Q251 letter (as applicable) issued by the Department of Human Services regarding your receipt of Commonwealth Income Support Payments, the Fund will be unable to proceed with your claim

3. PREVIOUS WITHDRAWAL CONFIRMATION

Have you had any superannuation benefits released to you from the Fund or any other superannuation fund on the basis of financial hardship in the last 12 months? Yes No

Please Note: If you answered 'Yes' and you are claiming under Criteria 1, you will be ineligible to receive a benefit payment for severe financial hardship.

4. PERSONAL CIRCUMSTANCES

This space is provided for you to explain the circumstances of your case and provide the reasons why you consider you are unable to meet reasonable and immediate family living expenses. Set out the causes of your financial hardship and how the money will be used if released. State any additional information you wish to provide in support of your application.

5. GENERAL INFORMATION

List the number of your financial dependants (e.g. 1 spouse, 2 children):

List the ages of your dependants:

Is your spouse:

Employed Self-employed Unemployed Not applicable

Have you or your spouse received, or are you entitled to receive a redundancy package, or Workers' Compensation lump sum payment?

Yes No

If yes, show the amount received, or the amount you or your spouse expect to receive and when:

Amount: \$

Date: (DD/MM/YYYY) / /

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6. FINANCIAL DETAILS

All sections must be completed if applying with a Q230.

Net assets		Income/expenditure	
A. Assets (excluding your home)		C. Income (calculate fortnightly)	
Savings	\$	Combined net salary	\$
Vehicle/s	\$	Income support payments	\$
Furniture	\$	Other income	\$
Other items	\$	Total (C)	\$
Total (A)	\$		
B. Liabilities		D. Living expenses (calculate fortnightly)	
Personal Loan	\$	Minimum credit card and personal loan repayments	\$
Credit cards	\$	Rent/board/rates/mortgage	\$
Other debts	\$	Groceries	\$
Total (B)	\$	Electricity/gas/phone	\$
		House/car insurance	\$
		School costs	\$
		Car running costs/petrol/registration	\$
		Other	\$
		Total (D)	\$
Net assets		Surplus/deficit	
A	\$	C	\$
less B	\$	less D	\$
=	\$	=	\$

Are your reasonable and immediate living expenses more than your income?

Yes No

If you have answered no to the above question, your claim cannot be approved.

7. OTHER SUPERANNUATION ENTITLEMENTS

Do you have any other superannuation assets with any other Funds/Institutions?

Yes No

If yes, what is the total amount of superannuation assets that you have?

\$

Have you applied to the Trustees of that other Fund/Institution for release of those benefits?

Yes No

If yes, was release of those benefits granted?

Yes No

If yes, how much was granted to you?

\$

What date was the granted amount received or expected to be received by you?

Date: (DD/MM/YYYY) / /

8. YOUR TAX FILE NUMBER (TFN)

I agree to provide my Tax File Number for the purposes outlined on page 9 of this form.

I advise that my Tax File Number is:

9. YOUR CENTRELINK CUSTOMER REFERENCE NUMBER (CRN)

You should only complete this section if you wish to authorise the Fund or its administrator to confirm electronically with Centrelink that you are in receipt of Commonwealth income support payments. If you do not wish to provide this authority please leave this section blank and attach a Q231 or Q251 letter (as applicable) from the Department of Human Services.

I advise that my Centrelink Customer Reference Number is:

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10. BENEFIT PAYMENT INSTRUCTIONS

CRITERIA 1

If you are applying for your funds under criteria 1, the payment amount must be no more than a gross amount of \$10,000 and no less than \$1,000 (or the balance of your account if it is less than \$1,000). The Government allows only one lump sum payment in any 12-month period.

Amount you want released if approved:

\$ (gross before-tax)

CRITERIA 2

If you are applying under criteria 2, the \$10,000 limit does not apply and you can claim up to your full account balance. You are not restricted to making a claim only once in a 12-month period.

Amount you want released if approved:

\$ (gross before-tax)

Please note: You don't have the opportunity to select the tax components of your benefit payment. For further information on the tax treatment of your benefit, see the *How Super Works Guide* or *Energy Super Income Stream PDS* (as applicable) which are available from our website at energysuper.com.au

Complete this section so we can pay your benefit directly into your Australian bank account as cleared funds. The account nominated below must be held in your name or in joint names. We will not make payments to a third party account.

Name of financial institution:

Branch/location:

Account name (e.g. A B and C Jones)

BSB number:

Account number:

Please note: You are required to provide a copy of a bank statement or a cover letter from your bank or credit union that is no more than 3 months' old at time of receipt and shows your full name, BSB, account number and bank logo.

11. FURTHER INSTRUCTIONS

Complete this section if you have more than one investment option.

Please note: If you do not complete this section and you have more than one investment option or if your instructions below are unclear or incomplete, your benefit payment will be made in proportion to the investment split of your current account balance.

I request my withdrawal be drawn from the following investment option/s:

INVESTMENT OPTION	AMOUNTS (\$)		PERCENTAGE (%)
Cash Enhanced		or	
Stable		or	
Fixed Interest		or	
Capital Managed		or	
Balanced		or	
MySuper		or	
SRI Balanced		or	
Growth		or	
Indexed Balanced		or	
Australian Shares		or	
International Shares		or	
Smoothed Return*		or	
Capital Guarantee*		or	
Total			100%

*Withdrawals from the Smoothed Return and Capital Guarantee options cannot be returned later to these options.

12. STATUTORY DECLARATION

Commonwealth of Australia STATUTORY DECLARATION Statutory Declarations Act 1959

(1) Insert the name, address and occupation of person(s) making the declaration	(1) I/We.....
(2) Matter declared	(2) do solemnly and sincerely declare that the information provided by me in the Benefit Payment Request Form (Severe Financial Hardship) Sections 1 to 11 annexed to this Statutory Declaration is true and correct. 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 Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.
(3) Signature(s) of person(s) making the declaration	(3) Declared
(4) Place	at (4).....
(5) Day	on (5).....of (6).....
(6) Month and year	Before me,
(7) Signature of person before whom the declaration is made.	(7) To be signed before an approved person. See below.
(8) Full name, qualification and address of person before whom the declaration is made (in printed letters)	(8)

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 4 years — see section 11 of the Statutory Declarations Act 1959. 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.

UNDER THE STATUTORY DECLARATIONS ACT 1959, A STATUTORY DECLARATION MAY BE MADE BEFORE:

- a Justice of the Peace (JP) or Commissioner for Declarations
- a police officer
- a notary public
- a permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- an accountant who is a member of Chartered Accountants Australia and New Zealand, the Association of Taxation and Management Accountants, CPA Australia or the Institute of Public Accountants.

The complete list of individuals approved to witness this Statutory Declaration is more extensive than is listed opposite. To see a complete list, please go to ag.gov.au

PROOF OF IDENTITY

PLEASE SELECT ONE OPTION BELOW

You are able to prove your identity to us, either:

Electronically

By providing you my Medicare, driver's licence (Australian/New Zealand) or passport details (Australian/New Zealand) below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification using reliable and independent data sources. I understand the Fund uses a third party for this purpose.

I confirm that I've read the information regarding the electronic identity verification process outlined in the *Proof of Identity Requirements* Fact Sheet at energysuper.com.au

Important: Make sure the details you provide are accurate. If your personal details provided at the start of this form do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will delay processing your request.

You must provide details of at least two of the following documents:

Document 1: Medicare card

Full name as shown, including initials:

Card number: Valid to: / /

I am person number on this card

Document 2: Driver's licence

First name as shown on licence:

Surname as shown on licence:

Driver licence number: State of issue: Expiry date: / /

Document 3: Passport

Given Name/s (including middle Name) as shown on your passport:

Surname as shown on your passport:

Australian passport number:

Place of birth as shown on your passport:

Country of birth (not shown on passport):

Family name at birth (not shown on passport):

If signing on behalf of another person, please provide your following details:

Date of Birth: / /

Address:

State: Postcode

OR

Document-based

We're able to accept your certified identification (ID) sent by email or fax. Of course if you'd prefer, you can post your certified ID to us. Please include your certified (within 12 months) ID with this form when you return it to us.

Please see the *Proof of Identity Requirements* Fact Sheet at energysuper.com.au for more information on using certified ID to prove your identity.

If my identification documentation has not been certified correctly or is unable to be read, I consent to having to the Fund use the information from the documents in conjunction with the information on this form to verify my identity electronically using independent data sources. I understand the Fund uses a third party for this purpose.

HAS YOUR NAME CHANGED OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If your name has changed:

To prove your name change, you'll need to use the document-based method of ID verification and provide a certified copy of a Linking document in addition to your other certified identification document/s (such as a driver's licence or passport). Some examples of linking documents can be seen below.

You'll need a certified copy of one of these:

- marriage certificate from the Births, Deaths and Marriages Registration Office
- deed poll; or
- change of name certificate from the Births, Deaths and Marriages Registration Office.

If you're a legal personal representative and signing on behalf of another person:

You'll need to provide a certified copy of one of the following documents to us (if not previously provided):

- guardianship papers
- Power of Attorney.

You'll also need to prove your identity using either the electronic or document-based method.

If you choose the electronic method, you'll also need to provide your **date of birth** and **address**, in addition to your two selected document details.

PROVIDING YOUR TAX FILE NUMBER

The Fund is authorised to collect your TFN by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988.

By providing your TFN to the Fund, you will allow the Fund Trustee to use your TFN for any lawful purposes. This may include:

- calculating tax on any benefit to which you may be entitled;
- provision to the ATO for taxation and contribution limit purposes;
- provision to the ATO so they can determine whether you are eligible for a co-contribution payment;
- finding and amalgamating your superannuation benefits;
- provision to the ATO when you receive a benefit or have unclaimed superannuation money after reaching the aged pension age;

- provision to another superannuation provider receiving benefits you may transfer (we won't pass your TFN to any other superannuation provider if you tell us in writing that you don't want us to pass it on).

You are not required to provide your TFN and declining to quote your TFN is not an offence.

However, if you choose not to provide your TFN to the Fund:

- we will not be able to accept any non-concessional contributions (including spouse contributions) on your behalf;
- your taxable contributions received by us may be subject to additional tax of 34% (this is in addition to the 15% tax currently applicable to concessional superannuation contributions);
- you may pay more tax on your superannuation benefit than is necessary (you may be eligible to get this back at the end of the financial year in your income tax assessment);
- it may be more difficult to find your superannuation benefit if you change address without notifying the Fund.

The lawful purposes for which your TFN can be used and the consequences of not quoting your TFN may change in the future as a result of legislative change.

More information on Tax File Numbers for superannuation purposes can be obtained from the Australian Prudential Regulation Authority (APRA) on **1300 131 060** or the ATO on **13 10 20**.

14. AUTHORISATION AND DECLARATION

Please return your completed form, signed and dated, to the Fund. It is advisable to keep a copy.

- I authorise the Fund to process my benefit request in accordance with my instructions
- I have read this form and I declare that the information I have provided in it is true and correct and I acknowledge responsibility for its accuracy
- I authorise the Fund and its administrator to make enquiries with the Department of Human Services through Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and to verify that I have been in receipt of an qualifying Commonwealth Income support payments; and The Australian Government Department of Human Services to provide the results of that enquiry to the Fund.
- I declare that the relevant authorities have certified my identification documents (if I have chosen Document-based identification)
- I understand that my insurance cover will cease if I don't have sufficient funds in my super account to pay the premiums
- I acknowledge that the Fund collects my personal information when I complete this *Benefit Payment Request Form - Severe Financial Hardship*, and confirm that I have read and understood the Privacy Statement set out on page 10.
- I consent to the use and disclosure of my personal information for the purpose of transferring or withdrawing my superannuation benefits.

Member's signature:

Date: (DD/MM/YYYY)

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PRIVACY STATEMENT – YOUR PRIVACY IS IMPORTANT TO US

LGIAsuper (the issuer of the Energy Super product) respects your privacy. All personal information collected via this form is protected in line with LGIAsuper's Privacy policy. To find out more about how we collect and manage your personal information, please refer to our privacy policy available at energysuper.com.au

RETURN THIS FORM

Energy Super

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TALK TO US

T 1300 436 374

E info@energysuper.com.au

W energysuper.com.au

Energy Super

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