

**FORM CHECKLIST**

**Have you...**

- Read and understood the 'Important Notes for Members' on the back page of this form?
- Checked your details, filled in any blanks and updated any incorrect information? **(Section 1)**
- Selected the basis on which you are applying for payment? **(Section 2)**
- Provided COMPLETE payment instructions? **(Section 3)**
- Provided your correct bank account details, where required? **(Section 3)**
- SIGNED and DATED the form? **(Section 4)**
- Considered providing your Tax File Number? **(Complete 'Notification of Tax File Number')**

**If you are applying on Financial Hardship grounds...**

- Have you provided a letter from Centrelink? **(Refer to 'Important Notes for Members')**
- Have you completed the attached 'Statutory Declaration'?
- Have you SIGNED and DATED the 'Statutory Declaration'?
- Has the 'Statutory Declaration' been witnessed by a Justice of the Peace (JP) or solicitor?

**If you are applying on Compassionate grounds...**

- Have you provided a letter from APRA? **(Refer to 'Important Notes for Members')**

**Have you remembered everything?**

Please ensure that you have fully completed the form and attached any required documents.

**An incomplete application will delay payment of your benefits**

If you are unsure about any aspect of your application, you should contact Member Services on **1800 067 059** for assistance.

### Please complete in capital letters and in BLACK INK only

You can apply for payment of all or part of your benefit:

- on financial hardship grounds,
- on compassionate grounds,
- on the grounds that your account balance is less than \$200 and you are no longer employed by an FuturePlus Super employer.

**Important note:** before completing this form, it is important that you read 'Important Notes for Members'. This will help you to determine whether you will be eligible for payment. Accompanying documents may also be required.

**Privacy:** The personal information to be collected on this form is required in order to process the payment of a benefit from FuturePlus Super. If you do not provide this information your benefit entitlement may not be processed accurately. Your personal information will be provided to other entities which provide services to the Fund only in association with a contractual requirement that those entities abide by the Privacy Act 1988 (C'th) in the same manner as the Fund and apply the relevant aspects of the Fund's Privacy Policy or to which your benefit may be transferred. Your personal information may be accessed by or disclosed to other entities associated with the Fund so that they can provide information to you about pre-retirement, post-retirement or investment products. You can access your personal information by contacting the Fund (see contact details below).

### 1. Your details

Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Street/PO Box no.	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		
Phone: Home no. (inc. STD/ISD)	<input type="text"/>			Business no. (inc. STD/ISD)	<input type="text"/>		
Mobile no.	<input type="text"/>			Fax no. (inc. STD/ISD)	<input type="text"/>		
E-mail address	<input type="text"/>						

### 2. Basis of application

I wish payment to be made as follows. Please tick **ONLY ONE** (1) of the following options.

- I wish to receive payment of \$\*  on financial hardship grounds.  
\*If you wish to be paid the maximum available/permitted amount, please enter 'MAXIMUM' in the above box.
- I wish to receive payment of the amount specified by the Australian Prudential Regulation Authority (APRA) on compassionate grounds.
- I wish to receive payment of full benefits on the grounds that I have less than \$200 in my account.



### 3. Payment instructions

Please tick **ONLY ONE** (1) of the following options.

I wish the payment to be made by cheque to me at the address I have advised in section 1 'Your details'.

I wish the payment to be made directly into the financial institution (bank, building society or credit union) as advised below:

Name of financial institution

Account name

Account no.

Branch (BSB) no.

### 4. Applicant declaration

I declare that the above information is correct:

Signed

Date (dd/mm/yyyy)

/

/

## IMPORTANT NOTES FOR MEMBERS

### FINANCIAL HARDSHIP

If you have not attained your preservation age (55 rising to 60 depending on your birth date), are currently receiving Commonwealth income support payments and can provide a letter from Centrelink stating that you have received such benefits for a continuous period of at least 26 weeks, you can apply for any amount up to \$10,000 (gross).

If you can provide a letter from Centrelink stating that you have received such benefits for a total period of at least 39 weeks after reaching preservation age, you can access your total account balance.

Please note that the date on the Centrelink letter must not be more than 21 days prior to the receipt of your application.

**You will also need to complete the attached Statutory Declaration.**

### COMPASSIONATE GROUNDS

You may be able to obtain payment of an amount to cover various expenses, including:

- medical treatment (yours or a dependant's),
- medical transport (yours or a dependant's),
- modification to your home or motor vehicle necessitated by severe disability (yours or a dependant's),
- palliative care (yours or a dependant's) or expenses associated with death, funeral or burial (of a dependant),
- mortgage repayments to prevent mortgagee from selling your home,
- expenses consistent with one of these.

Approval for the payment is needed from APRA. You will need to contact APRA (telephone 1300 131 060) to obtain that approval and then forward it to us with this completed 'Application for Payment' form.

### GIVING YOUR TAX FILE NUMBER

If you have not already given us your Tax File Number (TFN) you should consider doing so now.

**To give us your TFN, complete the attached "Notification of Tax File Number" Form and send it to us with this form.**

### PROTECTING YOUR PRIVACY

The Trustee is fully committed to comply with the Information Privacy Principles in the way in which your personal information is stored and used. Full details of how this is achieved are contained in the Trustee's Privacy Policy, which is available from Member Services or on the Fund's website at [www.futureplussuper.com.au](http://www.futureplussuper.com.au)

**UNLESS YOU ARE APPLYING FOR PAYMENT ON FINANCIAL HARDSHIP GROUNDS, YOU DO NOT NEED TO COMPLETE THE ATTACHED STATUTORY DECLARATION.**

### Where to send this form/enquiries

FuturePlus Super

GPO Box 2617

Sydney, NSW 2001

website: [www.futureplussuper.com.au](http://www.futureplussuper.com.au)

Phone: 1800 067 059 (toll free)

(8.30 am – 5.00 pm Mon – Fri)

Fax (02) 9279 4131

