



Issued:30 September 2017

Trustee:
Diversa Trustees Limited
ABN: 49 006 421 638
AFSL: 235153
Trustee No.: L000635

EARLY RELEASE OF SUPER DUE TO FINANCIAL HARDSHIP – part I

This is the form you should fill out to apply for a Financial Hardship withdrawal from your Cruelty Free Super account.

Fund:
ABN: 32 367 272 075
USI: 32 367 272 075 159
Fund Registration No.: R1001204

Post the completed form to GPO Box 263, Sydney, NSW 2001

Section 1 Personal Details

Title and Given Name (s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Phone number	<input type="text"/>
Email address	<input type="text"/>	Gender	<input type="text"/>
Residential address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Postal Address (if different to above)	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Member Number	<input type="text"/>		

By providing your email address, you consent and authorise Cruelty Free Super to send communications or information in electronic format, including information required by law, to you via email or similar technologies.

Section 2 Dependants (*spouse/partner and children*)

Name of Dependant 1	<input type="text"/>		
Relationship to Dependant 1	<input type="text"/>	Age	<input type="text"/>
Name of Dependant 2	<input type="text"/>		
Relationship to Dependant 2	<input type="text"/>	Age	<input type="text"/>
Name of Dependant 3	<input type="text"/>		
Relationship to Dependant 3	<input type="text"/>	Age	<input type="text"/>
Name of Dependant 4	<input type="text"/>		
Relationship to Dependant 4	<input type="text"/>	Age	<input type="text"/>



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Section 3 Financial Information

Please briefly explain the cause(s) of your financial hardship and how the money will be used if released:

What amount do you estimate would relieve your current severe financial hardship?

Current total **net** weekly income or benefits received?
(Please provide evidence e.g. payslips, statement of income etc.)

Self	
Partner	
Dependants	

List the main current weekly expenses of you and your dependants.
(To ensure your claim is assessed quickly please include evidence of these expenses as well as any urgent bills)

Utilities	
Rates	
Food	
Mortgage/rent	
Phone	
Other	

Section 4 Centrelink Information

Your claim cannot be assessed until you provide a valid Q230 letter from Centrelink. This letter must not be more than 21 days old when we receive it. The statement of income must confirm that you have been receiving benefits continuously for at least 26 weeks.

I have enclosed a valid Q230 letter with this application



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Section 5 Other Information

Please supply copies of the following:

- Payslip(s)
- Statement of Income
- Outstanding bills including the urgent request of payment of bills from companies
- Mortgage statement or rental agreement
- Certified ID
- Completed Cruelty Free Super withdrawal form and evidence of bank account

Without this evidence the Trustee may not be able to approve the early release requested. Please be reminded that the Trustees make the decision to approve or deny your request of benefits due to financial hardship and that their decision is final.

Please note an authorised witness can be one of the following:

- Justice of the peace (J P)
- Doctor
- Pharmacist or
- Australian Post Officer

If the witness to your signature is not one of the above authorised people then the form cannot be considered as being legally valid and your request for early release of Superannuation Benefits cannot be processed.

Note: Please note that processing of Financial Hardship payments usually will take considerable amount of time due to complexity of the process.

EARLY RELEASE OF BENEFIT DUE TO FINANCIAL HARDSHIP FORM – PART II

STATUTORY DECLARATION

I (*insert name*)....., (*insert address*).....

(*insert occupation*)..... do solemnly and sincerely declare that the information provided by me in the 'Early Release of benefit due to Financial Hardship Form – Part I' annexed to this Statutory Declaration is true and correct.

I also declare that 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 expense.

I make this solemn declaration by virtue of the *Statutory Declaration Act 1959* as amended and subject to the penaltiesⁱ 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.

Signed

(*Signature of person making the declaration*) - (*Please sign in front of an authorised witness*)

Declared at

(*Location*)

On

(*Date*)

Authorised witness before me

(*Name of authorised witness – please print. Note the authorised witness must be either a: Justice of The Peace, Doctor, pharmacist or Australia Post Officer*)

X.....

(*Signature of person before whom the Declaration is made*)

X.....

(*Insert qualifications and address of person before whom the declaration is made*)

ⁱ - 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 the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding 6 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.