Application for Early Release of Superannuation Benefits - Compassionate Grounds



Note: Only Australian or New Zealand citizens or permanent residents of Australia are permitted to claim for the early release of preserved superannuation benefits on compassionate grounds.

This form can be used to arrange a payment from your NQ Super & Pension account <u>after</u> the ATO has approved the early release of your benefit on specified compassionate grounds.

The ATO is responsible for assessing all requests for early release of benefits on specified compassionate grounds. NQ Super & Pension is responsible for the payment of the benefit from the Fund. If you have not yet applied to the ATO for assessment, you must do so before completing this form. You can apply online at www.ato.gov.au or call the ATO on 13 10 20 to request an application form.

Generally, you can apply for the early release of superannuation benefits on specified compassionate grounds if you need:

- treatment and transport for you or a dependant concerning life threatening illness or injury, acute or chronic pain, or acute or chronic mental disturbance: OR
- · the modification of your home or motor vehicle if you or a dependant has a severe disability; OR
- palliative care for you or a dependant, or the death, funeral, or burial of a dependant; OR
- · mortgage payments to prevent your bank or lender selling your home.

The ATO will assess your application and write to you with their decision. If the ATO approves the early release of your benefit, please send the following documents to NQ Super & Pension:

- 1. ATO letter of approval of the early release of your benefit
- 2. this application form (completed)
- 3. proof of identity documents (see section 4)

*Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

| CHECKLIST | | | | |
|---|-----------------|--------------------|--|--|
| ATO letter of approval of the early release of your benefit | | | | |
| This application form (completed) | | | | |
| Proof of identity documents | | | | |
| SECTION 1: PERSONAL DETAILS | | | | |
| Surname: | | Salutation: | | |
| Given name(s): | | Date of birth: | | |
| Postal address: | | | | |
| Suburb: | State: | Postcode: | | |
| Telephone (BH): (A | H): | Mobile: | | |
| Email: | | Membership number: | | |
| SECTION 2: PAYMENT DETAILS | | | | |
| Please note that a bank document which displays the name of the account holder, BSB and account number needs to be submitted with your form. This document must be on bank letterhead or a statement. | | | | |
| Please provide your bank account details below: | | | | |
| Account name*: | | | | |
| Name of bank or financial institution: | | | | |
| BSB: | Account Number: | | | |

*Must be held in your name or jointly in your name.

| Nominated amount: | \$ | | |
|---|--|---|-------------------------------------|
| | | pay for any future insurance premiums to maintain yo dditional payment will be made at a later date. | ur insurance cover (if any). |
| SECTION 4: IDENTI | TY VERIFICATION | | |
| | | y; you can supply us with an original certified copy of you fied colour copy of your photographic identification. | ur photographic identification |
| , , , | ' ' ' | to electronically verify your identity. If you do not want ost. If you have any questions around this process pleas | |
| Service (DVS). The DVS is a natio | · · | ou provide to us will be submitted to the Australian gove ons to compare an individual's identifying information w p://www.dvs.gov.au. | |
| If you would like to proceed with | n electronic verification please tick eac | ch of the consent boxes below: | |
| You consent to us electron | ically verifying your identity; AND | | |
| You are authorised to prov | ide the identification documents to us; , | AND | |
| You understand that the de | etails of the identification documents wi | ill be checked against the Australian government's docu | ment verification service. |
| Please note that we are unable to identification by post. | o make any payment until your identity h | nas been verified either by this method, or by receiving | a certified original copy of your |
| SECTION 5: DECLA | RATION | | |
| I also declare that I am unable could (reasonably and realistic I also declare that the amount I make this solemn declaration | e to meet my reasonable and immediate cally speaking) be used or sold to cover t I am requesting to be released is neces n by virtue of the Statutory Declaration | me in this Early Release Application Form is true and confamily living expenses and that I do not have any assets this gap. I ssary to meet this reasonable and immediate family expublication of the penalties proviewing the statements contained in the declaration to be | s (apart from my home) which wense. |
| Member signature: | | | Date: |
| | | | |

SECTION 3: WITHDRAWAL DETAILS

Please select one of the withdrawal options below:

Total amount approved by the ATO