

# Benefit payment request (Financial hardship)

Please note - a qualifying period of six months as a legalsuper member is required before a financial hardship application can be made.

Please use **BLOCK LETTERS** and **BLACK INK** when completing this form. Read all the information on the back of this form to help you complete your benefit payment request correctly. This request will be invalid if unsigned or undated and will be returned to you for completion. Attach any associated documentation before returning it to **legalsuper**.

**Return this completed form to either:**

**Email:** mail@legalsuper.com.au  
**OR**

**Post:** legalsuper  
Locked Bag 5081  
Parramatta NSW 2124  
**Phone:** 1800 060 312

## 1. Personal details

Membership number

Date of birth (dd/mm/yyyy)

Mr
  Mrs
  Ms
  Miss
  Dr
  Justice

Surname

Given names

Street/Unit No.

Street name

Suburb/Town/City

State Postcode

Occupation

Telephone (daytime contact)

Email

Trading name of last employer to contribute to legalsuper on your behalf

Is this your current employer?

Yes
  No

Date left employment (if applicable) (dd/mm/yyyy)

## 2. Tax file number (TFN) details

Under the *Superannuation Industry (Supervision) Act 1993*, legalsuper is authorised to collect, use and disclose your TFN.

legalsuper may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request legalsuper, in writing, not to disclose your TFN to any other superannuation provider.

Declining to quote your TFN to legalsuper is not an offence. However, giving your TFN to legalsuper will have the following advantages:

- legalsuper will be able to accept all permitted types of contributions to your account/s;
- other than the tax that may ordinarily apply, you will not pay more tax than you need to. This affects both contributions to your superannuation and payments when you start drawing down your superannuation benefits; and
- it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I agree to provide my tax file number:

Yes, my TFN is

No  Already provided

## 3. Payment Amount

**If under preservation age, the Trustee can only approve the release of ONE payment from your account in any 12 month period, up to the maximum gross amount of \$10,000. Investment earnings, tax, insurance and management costs will change the final benefit paid.**

**Please choose either Full Benefit or Partial Benefit, not both.**

Full Benefit\*  OR Partial benefit \$  .

\*This will close your account and any insurance cover will cease.

## 4. Payment type

If you would like your payment deposited into your bank account, please provide the following:

Account name

BSB

Account No.

### Note:

Please provide a copy of your bank statement so we can verify that the above details you provided are correct. If we are unable to verify your bank details, we will be unable to process your payment as an EFT payment and will issue a cheque instead.

The bank statement provided must be no more than 12 months old and the name on the statement must match what we have on record for your account. legalsuper will only pay a benefit into an account held in your name or jointly in your name.

**If applicable, any cheques payable will only be paid and sent to the address on file.**

## 5. Eligibility - Centrelink

### 5. a) Please provide the reason for the release of your benefit:

### 5. b) I declare that:

- A.  I have received eligible Commonwealth income support payments for a continuous period of at least **26 weeks**, am currently receiving these payments and am unable to meet reasonable and immediate living expenses. **OR**
- B.  I have reached preservation age, am receiving eligible Commonwealth income support payments for at least **39 cumulative weeks** and am currently unemployed or working less than ten hours per week.

Centrelink Customer Reference Number. Please note that we cannot process your request unless this is provided.

I authorise:

- legalsuper's administrator, Australian Administration Services Pty Limited (AAS), to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Customer details.
- The Australian Government Department Services Australia (the agency) to provide the results of that enquiry to AAS.

I understand that:

- The agency will use information I have provided to confirm my eligibility for early release of superannuation on the grounds of financial hardship based on whether I have been in receipt of a qualifying Centrelink payment for a specified period.
- The agency will disclose to AAS my personal information including my name, date of birth and payment status.
- This consent once signed remains valid while I am a member of legalsuper unless I withdraw it by contacting legalsuper or the agency.
- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the service provided by AAS.

Member's signature

Date (dd/mm/yyyy)

## 6. Privacy

Please note that by sending legalsuper personal information about yourself, you agree that:

You have read the legalsuper Privacy Policy and understand how legalsuper intends to protect your personal details, particularly in relation to collection, storage, quality, use and disclosure (sharing) of personal information.

If you would like more information on privacy law requirements or a copy of legalsuper's Privacy Policy, please call legalsuper on **1800 060 312** (8am to 8pm [AEST] Monday to Friday).

## 7. Payment Declaration

I declare that I am:

- an Australian citizen, New Zealand citizen or permanent resident of Australia; **OR**
- a temporary resident and I hold a Subclass 405 (Investor) or Subclass 410 (Retirement) Visa.

If neither of the above applies to you, contact legalsuper for assistance.

## 8. Proof of identity

### A. Cash withdrawals or rollovers to SMSFs

Complete this section if you are taking your benefit as a cash withdrawal or rollover to your SMSF. **Select either Option 1 or Option 2 below.**

#### Option 1: Use electronic verification to prove identity

- By providing you my Medicare, driver's licence or Australian passport details 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.

**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 won't be able to prove your identity which will delay processing your request.

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

#### Document 1: Australian driver's licence

First name as shown on your licence:

Surname as shown on your licence:

Australian driver's licence number:

Card number\*

Expiry date: (dd/mm/yyyy)

State of issue:

\*Card number location on licences vary from state to state. If you cannot locate yours, please check with your state authority.



## 9. Declaration

- I acknowledge that if I am invested in the Direct Investment option (DIO) that my DIO funds must be transferred out of the DIO prior to processing my benefit payment request.
- I understand that by closing my account any insurance cover I hold with legalsuper will cease.
- I have read and understood the Section headed 'Tax file number (TFN) details' and by signing below, I am authorising the Trustee to pay my benefit as indicated.
- I understand that if I choose not to quote my TFN, the Trustee is required to deduct tax at the top marginal rate plus Medicare levy.
- Where the full balance of my account is to be paid from legalsuper, I hereby release the Trustee from any further liability to me or my executors, administrators or dependants in respect to my participation in legalsuper, and request and authorise the termination of my membership in the Fund.
- I declare that the information supplied by me is correct.
- I have attached original certified documents, and they have not been self-certified (**Refer to 'Completing proof of identity' requirements**); or have consented to electronic verification of my identity.
- I approve the deduction of any applicable fees from my benefits on exit, subject to legislative restrictions (exit fees are excluded).

Member's signature

Date (dd/mm/yyyy)

**If applicable, you must submit the certified proof of identity document(s) with this form. Forms without proof of identity cannot be processed.**