

# Early release of superannuation benefits on grounds of financial hardship

## Check that you qualify

You may be eligible to claim your preserved benefit on the grounds of financial hardship if you are an Australian or New Zealand citizen or permanent resident and if you satisfy **one** of the following criteria:

- If you have **not reached your preservation age\*** (refer to the table on the right) plus 39 weeks:
  - you have been receiving Commonwealth income support payments for a continuous period of at least 26 weeks; and
  - you are able to demonstrate to the Trustee that you are unable to meet reasonable and immediate family living expenses.
- If you are **over your preservation age\*** (refer to the table on the right) plus 39 weeks

### Option A:

- you have been receiving Commonwealth income support payments for a continuous period of *at least 26 weeks*; and
- you are able to demonstrate to the Trustee that you are unable to meet reasonable and immediate family living expenses.

### Option B

- you have been receiving Commonwealth income support payments for a cumulative period of 39 weeks since reaching your preservation age\* (refer to the table on the right); and
- the Trustee is satisfied you are not gainfully employed on a full-time or part-time basis as of the date of application for early release of the preserved or restricted non-preserved benefits.

ANZ Staff Super's administrator will use your Centrelink Customer Reference Number (CRN) that you provide in Step 10 to confirm your eligibility with Centrelink.

\*Between 55 and 60 depending on your date of birth – see right.

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
1 July 1964 or after	60

### Limits on amounts released

By law, the Trustee can only release a maximum of \$10,000 (before tax) in any 12 month period if you have not yet reached your preservation age plus 39 weeks. Only one payment can be made in any 12 month period. The minimum amount is normally \$1,000 or your total benefit if less than \$1,000 (before tax is deducted).

### Gainfully employed

**Gainfully employed** means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling,

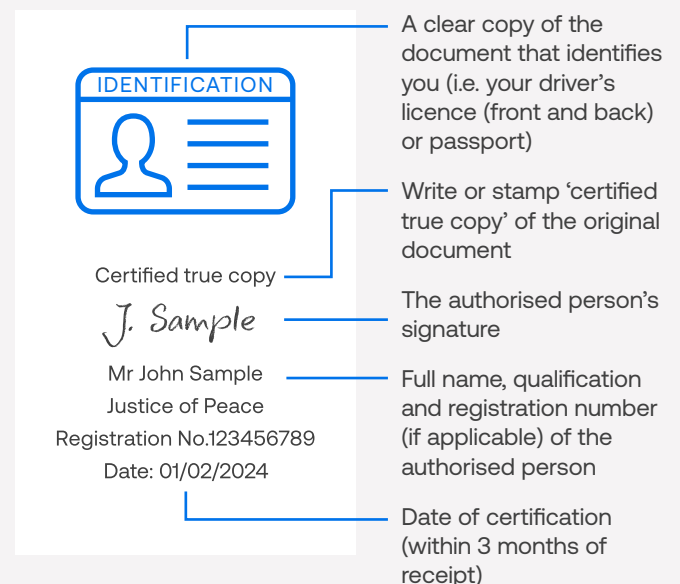
## Provide proof of your identity (ID) and a statutory declaration

You will need to provide certified proof of your identity dated within the last three months together with a completed statutory declaration (available at the end of this form). The easiest way to do this is as follows:

- photocopy your current driver's licence (front and back) or passport
- complete the statutory declaration (but do not sign it)
- take the photocopies of your ID and the original of the partly completed statutory declaration to Australia Post\* or your local Police station\*\*
- ask them to certify your ID and witness your statutory declaration.
- The person certifying your ID documents will need to include the following details on the copy(ies):

\* To be able to certify your ID document(s) and witness your statutory declaration, the Australia Post employee must be a permanent employee of the Australian Postal Corporation with 5 or more years of continuous service in an office supplying postal services to the public. Australia Post will charge a small fee.

\*\* A Police Officer, Sheriff or Sheriff's Officer can certify your ID and witness your statutory declaration.



A clear copy of the document that identifies you (i.e. your driver's licence (front and back) or passport)

Write or stamp 'certified true copy' of the original document

The authorised person's signature

Full name, qualification and registration number (if applicable) of the authorised person

Date of certification (within 3 months of receipt)

Alternatively, you can refer to the "Completing proof of identity" fact sheet [anzstaffsuper.com](http://anzstaffsuper.com) for a list of other people who can certify your ID document(s).

Continued over

## Provide proof of your identity (ID) and a statutory declaration (continued)

### If you don't have a driver's licence or passport

You will need to provide a certified copy of one document from each of the following lists:

#### List A

- Birth certificate or birth extract
- Citizenship certificate issued by the Commonwealth
- Pension card issued by the Department of Human Services (Centrelink)
- Medicare card
- Foreign drivers' licence

AND

#### List B

- Tax Office Notice of Assessment issued in the last 12 months
- Letter from the Department of Human Services (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment

### Name change

If you have changed your name, you must provide a certified copy of the relevant name change document<sup>1</sup>, for example, a marriage certificate, deed poll, decree nisi/divorce order or change of name certificate issued by the Births Deaths and Marriages registration office.

#### <sup>1</sup> Translation

If your identification is written in a language other than English, the identification must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator or higher (or an equivalent accreditation), to translate from a language other than English into English.

### Signing on behalf of another person

If you are signing on behalf of the applicant you will need to provide the following:

- A **certified** copy of the Guardianship papers or Power of Attorney; and
- A **certified** copy of the appropriate proof of identity for the holder of the Guardianship or Power of Attorney; and
- A **certified** copy of the appropriate proof of identity of the applicant.

Note: Certified ID is also required for the member and must be dated within the last three months.

## Providing your Tax File Number (if you haven't already done so)

### Providing your Tax File Number (TFN)

There may be tax implications if you have not yet provided, or choose not to provide, your TFN. While it is not compulsory to provide your TFN, not doing so could cost you in the following ways:

- you may have paid more tax than necessary on super contributions made for you by your employer (including SG, salary sacrifice and other contributions) in this financial year. This additional tax can be reversed if you provide your TFN to ANZ Staff Super before the end of the financial year, or your earlier payment from ANZ Staff Super. Although you may be able to claim back this additional tax if you later provide your TFN, time limits and other rules may apply, which may affect the size of any refund.
- you may pay additional tax on your super payout. However it might be possible to claim this back when lodging your tax return.
- you may miss out on any government Super Co-contributions for which you may be eligible; and
- you may have difficulty locating your super in the future, should you lose contact with your super fund(s).

If you ask us to use your TFN as proof of identity, we will validate your TFN with the Australian Tax Office. If your TFN is not valid, you will need to provide proof of identity (see below) and your super payout will be delayed.

If you are uncertain as to whether or not you have provided your TFN, you can check these details on **anzstaffsuper.com** or contact ANZ Staff Super on **1800 000 086**.

**Complete the form and statutory declaration attached in black or blue pen and send with your proof of identity and other supporting documents to:**  
**ANZ Staff Super**  
**GPO Box 2139**  
**Melbourne VIC 3001**

Important notice: In preparing this document the Trustee has not taken into account the investment objectives, financial situation and particular needs ("financial circumstances") of any person. Accordingly, before acting on the advice contained in this document, you should assess whether the advice is appropriate in light of your own financial circumstances and consider contacting your financial adviser. This document and interests in ANZ Staff Super are issued by ANZ Staff Superannuation (Australia) Pty Limited. You should consider the relevant PDS before making a decision in relation to a financial product.

Issued by ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 as Trustee for the ANZ Australian Staff Superannuation Scheme ABN 83 810 127 567 (ANZ Staff Super)

Continued over

# Early release of superannuation benefits on grounds of severe financial hardship

If you need help

For assistance call ANZ Staff Super on **1800 000 086**, or go to **anzstaffsuper.com**.

**Please answer all questions**

## Step 1 – Complete your personal details

Please print in black or blue pen,  
in uppercase, one character per box.



Title	Mr <input type="radio"/>	Mrs <input type="radio"/>	Ms <input type="radio"/>	Miss <input type="radio"/>	Other <input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given names																
<input type="text"/>																
Surname																
<input type="text"/>																
Residential address (must be advised)																
<input type="text"/>																
Suburb												State		Postcode		
<input type="text"/>												<input type="text"/>		<input type="text"/>		
Postal address (if different from above)																
<input type="text"/>																
Suburb												State		Postcode		
<input type="text"/>												<input type="text"/>		<input type="text"/>		
Daytime Telephone								Mobile								
<input type="text"/>								<input type="text"/>								
E-mail																
<input type="text"/>																
Membership number																
<input type="text"/>																

Continued over

**Please return your completed form to:**  
**ANZ Staff Super**  
**GPO Box 2139**  
**Melbourne VIC 3001**

## Step 2 – Attach documentation if your personal details have changed

**Name and date of birth changes** – see the “Completing proof of identity” fact sheet on the website [anzstaffsuper.com](http://anzstaffsuper.com).

**Address changes** – attach a copy of a recent bill, mail item or driver’s licence that displays your new residential or postal address.

**If the required supporting documentation is not provided, the processing of your application will be delayed.**

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**If the required supporting documentation is not provided, the processing of your application will be delayed.**

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### Step 3 – List your financial dependants (e.g. your partner and children)

Name

Relationship to you\*

Age

[illegible]Relationship to you\*                  Age   Relationship to you\*                 Age   [illegible][illegible]Relationship to you\*                 Age   Relationship to you\*                 Age   [illegible][illegible]Relationship to you\*                 Age   Relationship to you\*                 Age   

Relationship to you\* Age

\* Dependants means anyone who is in whole, or in part, financially dependent on you e.g. your children, adult family members

[illegible][illegible][illegible]

\* Dependants means anyone who is in whole, or in part, financially dependent on you e.g. your children, adult family members or anyone else who lives with you and shares the bills.

**Step 4 – Briefly explain the cause(s) of your financial hardship and how the money will be used if released**

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**Step 5 – Have you or your partner received or are you entitled to receive a redundancy package or workers' compensation lump sum payment?**

(tick one circle only) ☒

☐ No ☐ Yes If Yes, show the amount received, or the amount you or your partner expect to receive and when?

☐ No ☐ Yes If Yes, show the amount received, or the amount you or your partner expect to receive and when?

☐ No ☐ Yes If Yes, show the amount received, or the amount you or your partner expect to receive and when?

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

Value \$    ,    .   Date   /   /

## Step 6 – What NET (after tax) amount do you estimate would relieve your current severe financial hardship?

I need a total of \$    ,    (after tax) to relieve my current severe financial hardship.

By law, the Trustee can only release a maximum of \$10,000 (before tax) in any 12 month period if you have not yet reached your preservation age plus 39 weeks (see page 1 of this form for preservation age). Only one payment can be made in any 12 month period. The minimum amount is normally \$1,000 or your total benefit if less than \$1,000 (before tax is deducted).

**Please provide details of any overdue bills or overdue loan repayments. You must attach evidence to support this. Documents must not be over 1 month old.**

Overdue bill/loan repayment

Amount

<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

## Step 7 – Describe and list the approximate value of assets held by you, your partner and dependants (do not include the family home)

Description of asset

Amount

<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
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<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

## Step 8 – Current total NET weekly income

**You must attach evidence such as copies of pay slips or bank statements, to support this. Documents must not be over 1 month old.**

Self <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Partner <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Dependants <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<b>Total weekly income</b> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

## Step 9 – List below all reasonable current weekly expenses in relation to you, your partner and your dependants

### Main Weekly Expenses

### Amount per week

Rent / board (provide documentary evidence)	\$				,			
Home loan repayments (provide documentary evidence)	\$				,			
Personal loan repayments (provide documentary evidence)	\$				,			
Credit card repayments (provide documentary evidence)	\$				,			
Food and household items	\$				,			
Car repayments (not included in personal loan repayments above) (provide documentary evidence)	\$				,			
Gas	\$				,			
Electricity	\$				,			
Telephone	\$				,			
Car (fuel, registration, insurance)	\$				,			
Public transport	\$				,			
Clothing	\$				,			
Municipal and water rates	\$				,			
Home and contents insurance	\$				,			
Childcare and/or Education	\$				,			
Medical / dental	\$				,			
Life insurance premium	\$				,			
Health insurance premium	\$				,			
Centrelink Debt Repayment (provide proof of repayments and amount owing)	\$				,			
Any other expenditure (please specify)	\$				,			
<b>Total weekly expenses</b>	\$				,			

## Step 10 – Proof of Commonwealth income support

Please provide your Centrelink Customer Reference Number (CRN)

(This information is available on your Centrelink Income Statement or client card.)

## Step 11 – Employment declaration

- ☐ Yes, I am over my preservation age – as detailed in the table on the fact sheet attached.
- ☐ Yes, I am not *gainfully employed* – as defined on the fact sheet attached.

## Step 12 – Immediately payable arrears & liabilities

Provide details of unpaid or overdue bills or liabilities, any outstanding loan or credit card repayments and any other current arrears.

Amounts stated must be currently payable or outstanding. Liabilities that are not immediately payable cannot be taken into account.

**You must provide documentary evidence for each item.**

Mortgage/Home Loan Arrears

\$    ,

Car Loan Arrears \*

\$    ,

Credit Card Arrears \* (please specify)

\$    ,

\$    ,

\$    ,

Personal Loan Arrears \*\* (please specify)

\$    ,

\$    ,

\$    ,

Other Arrears or Liabilities currently due and payable (please specify)

\$    ,

\$    ,

\$    ,

\$    ,

\$    ,

\$    ,

**Total immediate arrears & liabilities**

\$    ,

### Notes:

\* This is not your regular repayment amount but rather the amount you are behind, if any, on your regular repayments. Your repayment amount should be included at Step 9.

\*\*If the personal loan is from an individual rather than a lending institution, the supporting documentation required is a Statutory Declaration from the lender detailing the reason for the loan, the amount outstanding and the date the outstanding amount is due. If it is from a lending institution, then what is required is not your regular repayment amount but the amount you are behind, if any, on your regular repayments together with supporting documentation.

## Step 13 – Statutory Declaration

You must complete the attached Statutory Declaration. The Statutory Declaration must be signed and witnessed by an authorised person. Please refer to the fact sheet on the front of this form for details about who can witness your Statutory Declaration.

## Step 14 – Payment Instructions

Please instruct us what you wish to do with your payment:

☐ **Cheque**

Cheques can only be made in your favour and will be sent to the postal address provided in Step 1.

☐ **Electronic Funds Transfer (EFT)**

Please provide your bank account details for deposit via EFT direct to your account.

Name of financial institution:

BSB:

-

Account number:

Account name:

**Note:** The account nominated must be in your name and must be an account for which you can sign to withdraw, either solely or with another person. Please provide proof of your bank account details, e.g. copy of a bank statement.

## Step 15 – Provide proof of identity

You will need to provide proof of identity unless you have already provided proof of identity dated within the last 3 months. You should read the information attached to this form called "Early release of superannuation benefits on the grounds of financial hardship" to check what proof of identity is required.

## Step 16 – Confirm residency / citizenship status

The ability to access your super on the grounds of severe financial hardship may depend upon your residency or citizenship status. Please indicate your current status by ticking the appropriate box below:

Are you an Australian or New Zealand citizen or an Australian Permanent Resident? ☐ **YES** ☐ **NO**

If your request is affected by your residency / citizenship status, you will be advised accordingly.

## Step 17 – Consent to access your Centrelink customer details

I, (Full name) \_\_\_\_\_ authorise

- ANZ Staff Super to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details; and
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to the ANZ Staff Super.

I understand that:

- the department will use information I have provided to ANZ Staff Super 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 department will disclose to ANZ Staff Super my personal information including my name, date of birth and payment status; this consent, once signed, remains valid while I am a member of ANZ Staff Super unless I withdraw it by contacting ANZ Staff Super or the department;
- I can obtain proof of my circumstances/details from the department and provide it to ANZ Staff Super so that my eligibility for early release of superannuation on the grounds of financial hardship can be determined; and
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the release of my superannuation benefits.

Signature of Witness

Date



## Step 18 – Sign the form

The following **MUST** accompany your application for it to be considered:

- Statutory Declaration, signed and witnessed by an authorised person
- Evidence of current weekly income and expenses. Documents must not be over 1 month old
- Evidence of overdue bills, loans or credit card payments. Documents must not be over 1 month old.

**The Trustee can only approve the release of ONE payment from your superannuation benefit in any 12 month period, up to the maximum gross amount of \$10,000. This restriction does not apply if you are over your preservation age plus 39 weeks and qualify under Option B as detailed on the fact sheet at the front of this form.**

I understand that the information on this form will be handled by the Trustee to process my application for early release of part or all of my superannuation benefit within these limits on the grounds of severe financial hardship.

If I do not provide the information, the Trustee may not be able to pay part or all of my superannuation benefit on the grounds of severe financial hardship.

I have read the “Protecting members’ privacy” statement on this form (see below).

I consent to the collection, use, storage and disclosure of my personal information as described in the “Protecting members’ privacy” statement on this form.

Signature of Witness

Date

X

/   /

**Please return your completed form together with your proof of identity and supporting documentation to:**

**ANZ Staff Super  
GPO Box 2139  
Melbourne VIC 3001**

## Step 19 – Complete the checklist

To enable your application to be processed promptly, please ensure you have correctly completed this form before returning it to ANZ Staff Super.

Have you:

- ☐ Provided your member details in **Step 1**?
- ☐ Attached supporting documentation for any change of name, date of birth or address detailed in **Step 2**?
- ☐ Attached certified proof of your identity (**Step 15**). Select the identification you have provided:
  - ☐ Current driver’s licence OR current passport; or
  - ☐ One document from ‘List A’ and one document from ‘List B’ (on the attached fact sheet)
- ☐ Is your identification current? If providing an Australian Passport, one that has expired within the last two years is acceptable.
- ☐ Are your documents correctly certified? Ensure the certifier has included ALL of the following on each page:
  - ☐ Written or stamped ‘certified true copy’
  - ☐ Signature and printed name
  - ☐ Date – the date **MUST** be within three months of the date we receive your completed form.
  - ☐ Qualification (such as Justice of the Peace, Australia Post employee, etc)
- ☐ Signed the Consent to access your Centrelink customer details (**Step 17**)?
- ☐ Signed and dated the form (**Step 18**)?
- ☐ Completed all steps of the form and provided copies of documentation (where required)?

Please also refer to the “Completing proof of identity” fact sheet on ANZ Staff Super’s website [anzstaffsuper.com](http://anzstaffsuper.com) or call ANZ Staff Super on **1800 000 086**.

## Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The administrator, Australian Administration Services Pty Limited, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential but may be disclosed by the Trustee or administrator to third parties, such as ANZ Staff Super's actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' enquiries or complaints.

Members' personal information may be disclosed to related entities of the administrator located overseas as part of the day-to-day provision of administration or ancillary services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super  
Mail: GPO Box 2139  
Melbourne VIC 3001  
Phone: 1800 000 086  
Fax: (02) 9287 0320  
Email: [enquiry@anzstaffsuper.com](mailto:enquiry@anzstaffsuper.com)

The Trustee's Privacy Policy Statement is available on ANZ Staff Super's website **[anzstaffsuper.com](http://anzstaffsuper.com)** or by calling us on **1800 000 086**. You can also access the administrator's privacy policy on our website.

### For Administrator use:

After you have scanned the Statutory Declaration separate this document and forward the original to the Administrator.

# Statutory Declaration

I, Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation of the person making the declaration \_\_\_\_\_

make the following declaration under the Statutory Declarations Act 1959:

- (1) The information provided by **me** in the *Early release of superannuation benefits on grounds of severe financial hardship* form (Application) which accompanies this Statutory Declaration is true and correct.
- (2) I am unable to meet **my** reasonable and immediate family living expenses **and** I do not have any assets (**apart from** my home) which could (reasonably and realistically speaking) be used or sold to cover this gap.
- (3) I authorise Centrelink to confirm with Australian Administration Services Pty Limited ABN 62 003 429 114 (AAS) that my name, date of birth and Centrelink Customer Reference Number (CRN) details supplied in the Application match Centrelink records.
- (4) To assist in establishing whether I qualify for the early release of my superannuation on the grounds of severe financial hardship, I consent for Centrelink to confirm my receipt of an income support payment to AAS for the relevant period.
- (5) I also authorise AAS to pass these details on to the Trustee, ANZ Staff Superannuation (Australia) Pty Limited.
- (6) I understand that I can only receive one benefit payment in a 12 month period released due to severe financial hardship.

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.

\_\_\_\_\_  
[Signature of person making the declaration]

\_\_\_\_\_  
Declared at [place] on [day] of [month] [year]  
Before me,

\_\_\_\_\_  
[Signature of person before whom the declaration is made.]

\_\_\_\_\_  
[Full name, qualification and address of person before whom the declaration is made (in printed letters)]

\_\_\_\_\_  
[Optional: Email address and/or telephone number of person before whom the declaration is made]

Note 1 – 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*.

Note 2 – 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*.

Note 3 – A brochure is available from Centrelink that provides details about the Centrelink Confirmation eService.

Note 4 – Please refer to the following website for further information about who can witness a Commonwealth statutory declaration – [www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx](http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx).

**PLEASE NOTE: IT IS NOT APPROPRIATE FOR APRA OFFICERS TO ACT AS WITNESS TO THIS STATUTORY DECLARATION.**

# Permanent Incapacity Claim – Certificate of Medical Attendant

Please ensure that every question is answered. Incomplete forms will delay the application process.

**Note: ANY CHARGE FOR THE COMPLETION OF THIS FORM MUST BE PAID BY THE PATIENT.**

If you need help

For assistance call ANZ Staff Super on **1800 000 086**, or go to **anzstaffsuper.com**.

## Step 1 – Complete patient's details

Please print in black or blue pen,  
in uppercase, one character per box.



Title	Mr <input type="radio"/>	Mrs <input type="radio"/>	Ms <input type="radio"/>	Miss <input type="radio"/>	Other <input type="text"/>	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given names														
<input type="text"/>														
Surname														
<input type="text"/>														
Residential address (must be advised)														
<input type="text"/>														
Suburb										State		Postcode		
<input type="text"/>										<input type="text"/>		<input type="text"/>		
Postal address (if different from above)														
<input type="text"/>														
Suburb										State		Postcode		
<input type="text"/>										<input type="text"/>		<input type="text"/>		
Daytime telephone						Mobile								
<input type="text"/>						<input type="text"/>								
E-mail														
<input type="text"/>														
Member number														
<input type="text"/>														

Continued over

## Step 2 – Provide details of patient's condition

1. Please state the diagnosis. If applicable indicate the severity of the condition.

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2. Please list the patient's most recent occupation.

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3. Please list patient's past occupations.

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4. Please list the patient's training, education and experience.

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5. Please refer to points 2, 3 and 4 above on this form. In your opinion, is the patient ever likely to resume duties in any occupation for which they are reasonably qualified by their past education, training or experience?

☐ Yes ☐ No

## Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The administrator, Australian Administration Services Pty Limited, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential but may be disclosed by the Trustee or administrator to third parties, such as ANZ Staff Super's actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' enquiries or complaints.

Members' personal information may be disclosed to related entities of the administrator located overseas as part of the day-to-day provision of administration or ancillary services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super  
Mail: GPO Box 2139  
Melbourne VIC 3001  
Phone: 1800 000 086  
Fax: (02) 9287 0320  
Email: [enquiry@anzstaffsuper.com](mailto:enquiry@anzstaffsuper.com)

The Trustee's Privacy Policy Statement is available on ANZ Staff Super's website [anzstaffsuper.com](http://anzstaffsuper.com) or by calling us on **1800 000 086**. You can also access the administrator's privacy policy on our website.

### Step 3 – Sign the form

I acknowledge my patient's authorisation for me to provide the Trustee with any information that may be required in the consideration of this patient's application for early release of preserved benefits.

Doctor's full name

Address

Suburb

State

Postcode

Daytime telephone

Mobile

Medical qualifications

I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

Please return your completed form to:

**ANZ Staff Super  
GPO Box 2139  
Melbourne VIC 3001**