

Application for early release of a benefit on compassionate grounds

Notes for applicants

Who can apply

Members of:
State Authorities Superannuation Scheme (SASS), State Superannuation Scheme (SSS), Police Superannuation Scheme (PSS) and State Authorities Non-contributory Superannuation Scheme (SANCS).

Important note: Your application can only be considered if you provide written consent to a reduction in your scheme benefits to offset the early release - see **Effect on benefit entitlements**.

Reasons for applying

There are six reasons for applying for early release of a benefit on compassionate grounds (see section 3), and conditions apply in each case. If you don't meet any of these conditions, you may still be able to apply on grounds of financial hardship. Please contact Customer Service for more information. (See contact details at end of notes.)

Expenses you have already paid

A benefit is generally not released when you have already paid the expenses. However, if you incurred a debt in order to pay the expenses, then a benefit can be released if the application is made within 3 months of the debt being incurred (and certain documents and information are provided to support the application).

What benefits are payable

The actual amount that may be approved for release will be determined by Pillar Administration on the basis of your application.

The amount released cannot exceed the value of your accrued withdrawal (resignation) benefit. In the case of a deferred benefit, this is the *Immediate Lump Sum* (see your Annual Benefit Statement).

Payment

If your benefit is released, payment will be a single lump sum amount that takes into account both the reason for the application and the applicant's financial capacity to meet the expenses.

Tax payable

Generally, superannuation benefits released before age 55 are subject to higher (though still concessional) rates of tax. The tax payable will depend on the taxable and tax free components of your benefit and your age. Note, from 1 July 2007, a superannuation benefit received by a person age 60 or more is tax free. Pillar Administration will calculate how much of your before tax benefit should be released to provide the after tax amount that is approved.

Effect on benefit entitlements

The early release of part of your superannuation benefit will reduce the amount of the scheme benefits you will receive in the future.

A deferred benefit will be reduced when the early benefit payment is made.

If you are a current contributor, a debt account (adjusted for interest) will be created. The accumulated debt will be deducted from your benefit when it is either deferred in the scheme or is paid to you eg. at retirement age.

A debt will be deducted from the SANCS Basic Benefit entitlement first. The reduction of a pension benefit will be calculated using actuarial factors.

Details of your debt account or deferred benefit reduction, as appropriate, will be shown on your Annual Benefit Statement.

Tax file number

If you have not already given us your tax file number (TFN), your benefit may be taxed at a higher rate than is necessary.

The Member services area of the website and your last Statement shows if your TFN has been supplied. If not, then it can be supplied via the Member area of the website or by contacting Customer Service and following the prompts. Alternatively, you can request a tax file number collection form to complete and send it to us along with this form.

Your privacy

The information you provide in this form is collected by and held for State Super by the fund administrator, Pillar Administration, in accordance with the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002 (NSW)*, under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies. For further information about privacy, contact Pillar Administration by writing to PO Box 1229, Wollongong NSW 2500.

If you need help to complete this form

Contact Customer Service for the cost of a local call (unless calling from mobile or pay phone). Select the appropriate contact number from the list below:

State Authorities Superannuation Scheme . 1300 130 095
State Super Scheme 1300 130 096
Police Super Scheme 1300 130 097
Deferred Benefits..... 1300 130 094

Or contact us by email:
enquiries@stc.nsw.gov.au

Please read *Early release of a superannuation benefit on compassionate grounds, STC Fact Sheet 6*, before completing this form.

1 Your details

Superannuation number

Title (eg Mr Mrs Ms Miss Dr)

Birth date

DD	MM	YY
/	/	

Family name

Given name/s

Postal address (please include postcode)

Suburb, Town, City

Postcode

Daytime contact telephone number

Email address

2 What amount do you need?

3 Why are you applying?

Mark one box with a cross

Reason 1

To pay for current and future expenses for medical treatment or medical transport.

I meet the conditions of application which are:

- I do not have the financial capacity to meet these expenses,
- the treatment or transport are for myself or my dependent partner or child,
- the treatment or transport was/will be unavailable through the public health system,
- the treatment or transport was/will be necessary to either:
 - treat a life-threatening illness or injury, or
 - alleviate acute or chronic pain, or
 - alleviate an acute or chronic mental disturbance,
- I have certificates from 2 different medical practitioners (at least one being a specialist) confirming the necessity of treatment and unavailability of transport, and
- I have a letter from a doctor or service provider giving estimates or details of future expenses.

Reason 2

To pay the amount of the mortgage on my principal place of residence that will stop the mortgagee foreclosing the mortgage or selling the residence.

I meet the conditions of application which are:

- I do not have the financial capacity to meet this expense,
- I have a statement from the mortgagee advising of foreclosure or sale of the residence (this statement also states the amounts representing:
 - 3 months' mortgage repayments, and
 - 12 months' interest on the outstanding balance of the loan), and
- within the last 12 months I have not applied for the early release from my SASS, SSS, PSS or SANCS account of more than the sum of 3 months' repayments or 12 months' interest on the outstanding balance of the loan.

Reason 3

To pay for the modifications to:

- my principal place of residence, and/or
- my vehicle.

The modifications are required to accommodate special needs arising from a severe disability suffered by:

name

relationship

and whose disability is:

nature of disability

I meet the conditions of application which are:

- I do not have the financial capacity to meet these expenses,
- the modifications are for myself or my dependent partner or child,
- I have a letter from a doctor or professional carer confirming the severe disability and the desirability of having modifications done to my house or vehicle,
- I have a quote for the cost of the modifications.

Reason 4

To pay expenses associated with palliative care for:

I meet the conditions of application which are:

- I do not have the financial capacity to meet these expenses,
- the palliative care is for myself or my dependent partner or child,
- I have a certificate from a medical practitioner confirming the requirement for palliative care because of impending death, and
- I have a quote for the cost of the care.

Reason 5

To pay expenses associated with the death of:

I meet the conditions of application which are:

- I do not have the financial capacity to meet these expenses,
- the deceased was my dependent partner or child, and
- I have a statement of the expenses incurred because of the death, together with an estimate of anticipated future expenses.

Reason 6

To meet expenses in other cases where the circumstances are consistent with one of the five reasons listed above.

The particular reason(s) that I believe my expenses are consistent with is:

Please also tick the relevant box(es), next to the particular Reason 1- 5 above, that your expenses are consistent with. You should cross out, under that reason, any of the bullet points that do not apply to your expenses.

3A Debts already incurred

To repay debts already incurred - in the last 3 months - due to one of the above-mentioned reasons.

4 What is your financial capacity?

1. What is your estimated total fortnightly income (after tax)?

2. Do you have a spouse or partner?

No Please go to Question 6.

Yes Please give the following information:

3. Name of your spouse/partner

Title (eg Mr Mrs Ms Miss Dr)

Family name

Given name/s

4. Current occupation of your spouse/partner

5. What is the total fortnightly income (after tax) of your spouse/partner?

6. To assist us in assessing your application, we need an indication of your household's average fortnightly expenses.

We understand that you may pay some of these monthly, quarterly or even yearly. In these cases, work out the average fortnightly amount. For example: if you pay land rates once a year, the fortnightly amount would be the annual amount divided by 26.

Rent/Board/home loan repayments.....	<input type="text" value="\$"/>
Car/lease	<input type="text" value="\$"/>
Other loan repayments	<input type="text" value="\$"/>
Credit card repayments.....	<input type="text" value="\$"/>
Health insurance	<input type="text" value="\$"/>
Other insurance	<input type="text" value="\$"/>
Childcare/school fees	<input type="text" value="\$"/>
Land rates	<input type="text" value="\$"/>
Food/electricity/gas/water/phone	<input type="text" value="\$"/>
Other (give details)	<input type="text" value="\$"/>
.....	<input type="text" value="\$"/>

4 What is your financial capacity? (cont)

7. To assist us in assessing your application, we need an indication of your assets (that is, the things you own) other than the house you live in.

Vehicles.....	\$
Household goods	\$
Shares/bonds	\$
Other investments.....	\$

8. Do you have any dependants?

- No** Please go to next question
- Yes** Please give the following information. If you have more than seven dependants, please attach a separate list.:

Name of dependant #1

Family name

Given name/s

Relationship to you Age

<input type="text"/>	<input type="text"/>
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Name of dependant #2

Family name

Given name/s

Relationship to you Age

<input type="text"/>	<input type="text"/>
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Name of dependant #3

Family name

Given name/s

Relationship to you Age

<input type="text"/>	<input type="text"/>
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Name of dependant #4

Family name

Given name/s

Relationship to you Age

<input type="text"/>	<input type="text"/>
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Name of dependant #5

Family name

Given name/s

Relationship to you Age

<input type="text"/>	<input type="text"/>
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Name of dependant #6

Family name

Given name/s

Relationship to you Age

<input type="text"/>	<input type="text"/>
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Name of dependant #7

Family name

Given name/s

Relationship to you Age

<input type="text"/>	<input type="text"/>
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9. If you have an answering machine or voice mail, do we have permission to leave a message for you?

- No**
- Yes**
- Not applicable**

10. It often helps us in assessing an application if we have your permission to talk to people who may contact us on your behalf. Please indicate below those people whom you give Pillar permission to speak with to assist us in assessing this application.

Staff of the lending company
 No **Yes** **Not applicable**

Doctor(s) named in my application
 No **Yes** **Not applicable**

Spouse/Partner
 No **Yes** **Not applicable**

Please name any other people you give Pillar permission to speak with. These may include your parents or children, your solicitor, counselor or financial advisor, but can include whoever you choose.

<input type="text"/>
<input type="text"/>
<input type="text"/>

5 Consent to benefit reduction

I consent to the reduction of my superannuation benefits for any amount that is approved for early release.

I also acknowledge that this amount will, in the case of a current contributor, include interest accumulated at the fund earning rate on the released amount.

Signature

Name

Date

DD	MM	YY
/	/	

6 How do you want to be paid?

If the early release of my superannuation benefit is approved, please:

Mark one box with a cross

- Post a cheque directly to my home address.
 Pay directly into this account:

Account name

Account number

BSB number

Name of bank/building society/credit union

Branch

7 Statutory declaration

Take this form to a Justice of the Peace or solicitor and sign this section in front of them, so that they can witness your signature.

Statutory declaration

NSW Government – Oaths Act, 1900
Ninth schedule

I, the undersigned

please PRINT your full name

in the State of New South Wales, declare that all of the information provided by me in connection with this application is true and correct.

I also declare that I have read and understood the information relevant to this application as outlined in the *Early release of a superannuation benefit on compassionate grounds, STC Fact Sheet 6*.

I make this declaration subject to the punishment by law provided for any wilfully false statement in any such declaration.

Your signature

Taken and declared at
address

Suburb, Town, City

Postcode

in New South Wales on this date

DD	MM	YY
/	/	

before me

signature of Justice of the Peace or solicitor

JP or solicitor name (please PRINT)

8 Additional information

Please provide any additional information you believe supports your application.

If you need more space, you may use the back page of this form.

9 Prepare any documents

Prepare any documents you need to send in with the application form.

Reason 1

I am applying for medical reasons and have supplied the following:

- Copy of letter/certificate from specialist.
- Copy of letter/certificate from second doctor.
- Copy of unpaid medical bills OR estimates from doctor.

And/or

I am applying for medical transport reasons and have supplied the following:

- Copy of letter/certificate from specialist.
- Copy of letter/certificate from second doctor.
- Copy of unpaid medical transport bills OR estimates from doctor.

Reason 2

I am applying for mortgage assistance reasons and have supplied the following:

- Statement from the mortgagee advising of the foreclosure or sale of the residence. This statement also states the amounts representing:
 - 3 months' mortgage repayments, and
 - 12 months' interest on the outstanding balance of the loan.

Reason 3

I am applying for home/vehicle modification reasons and have supplied the following:

- Copy of letter/certificate from doctor.
- Copy of unpaid bills OR estimates.
- Letter from doctor or professional carer confirming the severe disability and desirability of having modifications done to my house or vehicle. Quote for the cost of the modifications.

Reason 4

I am applying for palliative care reasons and have supplied the following:

- Letter from a doctor.
- Copy of unpaid bills OR quotations.
- Certificate from a medical practitioner confirming the requirement for palliative care because of impending death.
- Quote for the cost of the care.

Reason 5

I am applying for death/funeral/burial expenses and have supplied the following:

- Copy of unpaid bills OR quotations.
- Copy of Death Certificate or Letter from doctor.
- Statement of the expenses incurred because of the death, together with an estimate of anticipated future expenses.
- Certified copy of this death certificate.

Reason 6

I am applying on grounds consistent with one or more of the above-mentioned reasons and have supplied the following:

- Copy of certificates or letters from doctor or other service providers.
- Copy of unpaid bills OR quotations.
- A statement from a lender, or evidence of a credit card debt, showing the:
 - amount of the loan or debt and the date that it was incurred,
 - the amount still owing
 - and the date by which repayment is required.
- Documents stating the reason that the loan or debt was incurred.
- A written statement giving reason(s).

10 Post the application

Attach the documents to this form and send all the documents to:

State Super
PO Box 1229
Wollongong NSW 2500

