

SUPERANNUATION

Financial Hardship Claim Form

Dated 1 July 2010
 TOWER Australian Superannuation Limited ABN 69 003 059 407 AFSL No. 237851
 TOWER Master Fund ABN 20 891 605 180
 TOWER Superannuation Fund for the General Public ABN 76 727 806 658

Please fill out this form in capital letters using a black or blue pen.

1. INFORMATION FROM CENTRELINK

In order for your benefits to be paid on the basis of financial hardship, the fund needs to have evidence that you have been in receipt of Commonwealth Income Support payments for a minimum continuous period of 26 weeks if you are under the age of 55 or a minimum cumulative period of 39 weeks if you are over the age of 55. Additionally, If you are over the age of 55, you cannot be gainfully employed on a full or part time basis on the date of your application to the Trustee.

A Q230 or Q251 Letter issued by Centrelink states the duration and type of benefit payment you have been receiving. TOWER accepts the Q230 or Q251 letter as evidence of Commonwealth Income Support payments.

Have you attached **the original copy** of the Q230 or Q251 Centrelink Letter (which is not more than 21 days old)? Yes No

Have you had superannuation benefits released to you from this fund on the basis of financial hardship in the last 12 months? Yes No

Please note: if you do not provide confirmation from Centrelink regarding your receipt of Commonwealth Income Support payments, the fund will be unable to proceed with your claim.

2. PERSONAL DETAILS

Member/Policy number

Title Surname

Previous surname (if applicable)

Given name(s)

Date of Birth / /

Gender Male Female

Contact phone number ()

Tax file number*

* Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences. Please refer to **What happens if I do not quote my Tax File Number?** in the **Important Notes** section of this form.

Current Street address

Suburb State Postcode

Previous address

Suburb State Postcode

5. GENERAL INFORMATION CONTINUED

How much of your benefit do you need to relieve your financial hardship?

\$.....

NOTE: the Government only allows a single lump sum payment of a maximum of \$10,000 in any 12 month period.

Have you or your spouse received or are you entitled to receive a redundancy package, or worker's compensation lump sum payment?

Yes No

If YES, show the amount received (or the amount you or your spouse expect to receive) and the date it was received (or is expected to be received).

Value

\$.....

Date

/ /

6. INCOME

Please list below your current total net fortnightly income:

	Commonwealth income support payments	Other benefits (eg family allowance, child support payments)	Other income
Self	\$	\$	\$
Spouse	\$	\$	\$
Dependents	\$	\$	\$
TOTAL	\$	\$	\$

How long have you been in receipt of Commonwealth Income Support Payments?

.....mths.....wks

7. EXPENSES

Please list below your, your dependants or your spouse's current expenses. Exclude any business expenses.

Item	Estimated amount per FORTNIGHT	Outstanding amounts (which are immediately due and payable and cause your severe financial hardship)
Rent/board	\$	\$
Home loan repayments	\$	\$
Other housing loans	\$	\$
Personal loan repayments	\$	\$
Credit card repayments (only include the minimum monthly payment and any arrears)	\$	\$
Food and household items	\$	\$
Utilities (electricity, gas, phone)	\$	\$
Car running costs (fuel, registration, insurance, loan, lease)	\$	\$
Municipal and water rates	\$	\$
Insurance (house, health, life)	\$	\$
Education	\$	\$
Medical/dental	\$	\$
Any other outstanding bills (please specify below and provide invoice copies and re-finance letter arrangements)* _____ _____	\$	\$
TOTAL	\$	\$

* Please provide copies of bills/invoices as evidence of your outstanding debt – these must be less than three months old.

8. DETAILS OF YOUR PERSONAL ASSETS TO WHICH YOU CURRENTLY HAVE ACCESS

Do you have any other financial assets with any other funds/institutions?

Yes No

If yes, what is the total amount which you are able to access?

\$

Bank account

\$

Shares (include current value)

\$

Other superannuation

\$

Other assets/Investments

\$

Real estate property (other than the family home)

\$

Have you cashed/sold any of these assets?

Yes No

If yes, how much have you received?

\$

9. BENEFIT PAYMENT INSTRUCTIONS

Please select your preferred payment option below.

Please mail a cheque to my current address provided in section 2.

Please pay to the bank account nominated below. **Note** – we will not make payments to a third party account.

Name of financial institution

Branch

BSB

-

Account number

Account name

10. PRIVACY

Information on the collection, use and disclosure of your information is contained in in the Privacy Policy Statement on our website at www.toweraustralia.com.au, or is available on request. If you have any questions about your privacy rights, or wish to access the personal information we hold about you, please contact:

The Privacy Officer
PO Box 142
MILSONS POINT NSW 1565
Telephone: 1300 209 088

11. MEMBER DECLARATION

By signing this application form, I am making the following statements:

- I declare that I have fully read this form and the information provided by me is true and correct.
- I 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) 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 request and authorise the Trustee to release my benefits to me on the grounds of severe financial hardship.

Member's Signature

Date

IMPORTANT NOTES

Using this form

You may use this form to withdraw or transfer benefits if you are a member of the TOWER Master Fund (ABN 20 891 605 180) or the TOWER Superannuation Fund for the General Public (ABN 76 727 806 658). You should contact TOWER's Customer Service Centre on 1300 209 088 to obtain up to date benefit information before withdrawing your benefits. Our Customer Service Consultants are also able to answer any other questions you may have about your policy. We recommend that you keep a copy of this form with your taxation records for 5 years.

What happens if I do not quote my tax file number?

You are not obligated to provide your Tax File Number (TFN) to TOWER. However, if you do not provide your TFN, your contributions may be taxed at the highest marginal rate plus Medicare levy, compared to the concessional tax rate of 15%. TOWER may deduct this additional tax from your account. Your cash benefit may also be taxed at the highest marginal rate plus Medicare levy.

If TOWER does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the Superannuation Industry (Supervision) Act 1993, TOWER is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

Tax deductions for personal contributions

Generally, only self employed and substantially self employed persons (i.e. those with less than 10% of their total income derived from employment) are entitled to a tax deduction for personal contributions to superannuation. If you wish to claim any contributions as a tax deduction, (both in the current and any prior financial year) you must advise the Trustee before you withdraw your total benefit from the Fund (because you cannot alter the amount of a deduction after you leave the Fund). You should note that deductible contributions are taxed at 15%.

Partial Withdrawal Components

When you make a partial withdrawal, your benefit will include both tax free and taxable components with the relevant portions of each reflecting the proportions such components make up of the total value of your benefit. You are not able to elect the components from which the benefit is withdrawn.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the member	Guardianship papers or Power of Attorney

Certification of personal documents

All submitted copies of identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so. Please note that copies of original documents cannot be certified by yourself or a family member.

The person who is authorised to certify documents must sight the original and the copy and make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification and date.

The following people are authorised to certify copies of the originals as true and correct copies:

1. A person enrolled on the Roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
2. A judge of a court;
3. A magistrate;
4. A chief executive officer of a Commonwealth Court;
5. A registrar or deputy registrar of a court;
6. A Justice of the Peace (JP);
7. A notary public for the purposes of the Statutory Declaration Regulations 1993; (see Note 1)
8. A police officer;
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal service to the public;
10. A permanent employee of the Australian Postal Corporation with 2 or more years continuous service who is employed in an office supplying postal services to the public;
11. An Australian consular officer or an Australian diplomatic officer (Within the meaning of the Consular Fees Act 1955);
12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purpose of the Statutory Declaration Regulations, 1993);
13. A finance company officer with 2 or more continuous years of service with one or more finance companies (for the purpose of the Statutory Declaration Regulations, 1993);
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees; and
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Checklist for Certified copies:

1. Has the person certifying the document set out the following?

- Full name (no initials)
- Business address
- Capacity in which they can certify the document (category 1-15 above)
- Daytime telephone number to allow contact by TOWER

2. Has the person certifying the document written out the following wording (or similar) on the copy of the document?

"I certify that I have seen the original documentation and that the photocopy is a true likeness and this copy is a complete and accurate copy of that original"

OR

"I certify that I have seen the original documents and this copy is a complete and accurate copy of that original"

3. Has the person certifying the document set out the following after the certification wording?

- Signature
- Date of certification
- Official stamp if applicable or number such as JP number

Note 1: A notary public must put their registration number on the certified copy

Contact us

Call 1300 209 088

Monday to Friday 8.30am-5.30pm (EST)

Email: customerservice@toweraustralia.com.au

Website: www.toweraustralia.com.au

Please return your completed form and any supporting paperwork to:

TOWER Australia Limited

PO Box 142

MILSONS POINT NSW 1565