

# Application for Early Release of Superannuation Benefits on Compassionate Grounds

## Who should use this form?

This form is to be used by members of NTGPASS and NTSSS schemes who have ceased NT public sector employment and retained their benefits in NTGPASS and who wish to apply for an early release of their preserved benefit component in part or in full on compassionate grounds. Applications for early release on other grounds should be made on the appropriate form.

## Who is eligible?

Your superannuation benefit is generally 'preserved' in your superannuation fund until you retire from the workforce after age 55. In certain restricted circumstances, you can apply to the Commissioner of Superannuation to approve the early release of your superannuation benefit on compassionate grounds. These grounds are set out in the *Superannuation Industry (Supervision) Act 1993*, regulation 6.19A.

## Conditions of Release

For the Commissioner of Superannuation to approve the early release of your superannuation benefit, you must satisfy at least one of the following conditions of release:

1. **medical or dental treatment** – to help pay for medical costs required to treat a life-threatening illness or injury, to alleviate acute or chronic pain, or to alleviate an acute or chronic mental disturbance – refers to you or your dependant(s);
2. **medical transport** – to assist with the cost of transportation to and from medical treatment to treat a life-threatening illness or injury, to alleviate acute or chronic pain, or to alleviate an acute or chronic mental disturbance – refers to you or your dependant(s);
3. **modifications to your home or motor vehicle** – to fund specific modifications that are necessary to accommodate special needs arising from a severe disability and which are certified by your doctor – refers to you or your dependant(s);
4. **funeral expenses** – to assist with funeral and other expenses related to the death of a family member – refers only to your dependant(s);
5. **palliative care** – to provide care for a person who is dying from a terminal illness, including home care – refers to you or your dependant(s);
6. **mortgage assistance** – to prevent your mortgage (lender) from selling your principal place of residence – refers only to you; or
7. **other consistent reason** – the Commissioner of Superannuation may also consider the early release of superannuation benefits in cases where the circumstances are consistent with the above criteria.

## How do I apply?

Please complete the attached checklist and application form and forward it with your supporting documentation to the NT Superannuation Office, GPO Box 4675, Darwin NT 0801. We cannot process your application until we have received all the necessary documentation from you. If you have any questions please call this office on (08) 8901 4200 or toll free on 1800 631 630.

## Checklist

**You must provide copies of the documents detailed in the checklist below before your application for early release of superannuation on compassionate grounds can be assessed.**

**Medical or Dental Treatment**

Two registered medical practitioners (one of whom is a specialist) must certify that the medical treatment is required for you or your dependant(s), and the treatment is necessary to:

- treat a life threatening illness or injury, or
- alleviate acute or chronic pain; or
- alleviate an acute or chronic mental disturbance; and
- the treatment is not readily available to you through the public health system.

- Letter from a general practitioner
- Letter from a specialist
- Copies of medical bills
- if the cost has not yet been incurred, an estimate of the cost from one of your treating doctors
- Copy of your agreement, if you are receiving compensation

**Medical Transport**

Two registered medical practitioners (one of whom is a specialist) must certify that the medical transport is required to access medical treatment for you or your dependant(s) for:

- a life threatening illness or injury; or
- acute or chronic pain; or
- an acute or chronic mental disturbance.

- Letter from a general practitioner
- Letter from a specialist
- Copies of bills from medical transport providers
- If the cost has not yet been incurred, an estimate of the cost of your travel including mode of transport and distance e.g. from a travel agent, doctor, airline, or a statutory declaration

**Modifications to your home and/or motor vehicle**

Your principal place of residence or your vehicle requires specific modifications to accommodate you or your dependant's severe disability.

- Letter from a registered medical doctor specifying the severe disability and the need to have modifications done to your home and/or motor vehicle
- Invoices relating to the modifications, or
- If the cost has not yet been incurred, copies of the estimates of the cost
- If you are receiving compensation, a copy of your agreement.

**Palliative Care**

One registered medical practitioner must supply a letter certifying that you are, or your dependant is terminally ill and palliative care is required.

- Letter from a registered medical practitioner that you are, or your dependant is, terminally ill and palliative care is required
- Quotation for palliative care (including home care) from a service provider
- Quotation for hospice accommodation (where applicable)
- Copies of unpaid bills associated with palliative care

**Dependant's Funeral**

The payment will be limited to the cost of palliative care, or in the case of a dependant, additional funeral or burial or other death expenses.

- Copy of invoice; OR  
 Copy of funeral quote

 **Mortgage Assistance**

To prevent foreclosure of a mortgage, or the exercise of a power of sale over your principal place of residence. To be eligible, the mortgage must be for the house that you live in most of the time. You cannot apply to assist your dependants or relatives with their mortgages. The payment will be deposited directly into your mortgage account and will be limited to the value of three months payments plus 12 months interest.

- Letter from your lender detailing:
- that a payment is overdue, including the amount that is overdue, and that if you fail to pay that amount by the specific date the lender will sell your property, or exercise its express or statutory power of sale over the home where you live;
  - the value of three months payments;
  - the value of 12 months interest on the outstanding balance of the loan;
  - the street address of the mortgaged property; and
  - the name, account number and BSB number of your mortgage account.

 **Other Consistent Reason**

You may also apply for release of funds to meet expenses that are consistent with the reasons outlined above. Some examples include:

- Expenses relating to alternative medicine or special equipment to treat conditions described under "Medical Treatment" above;
- Repair of a vehicle purchased for medical transport;
- Expenses relating to draftsman's drawings or Council approval for modifications to your home;
- To pay overdue rates owed to a Council proposing to sell your home to cover arrears;
- Accommodation costs for relatives needing to stay near a hospice providing palliative care.

Please contact the NT Superannuation Office before applying under this section.

 **Identification requirements**

You are required to show proof of your identity by providing **original** or **certified copies** of identity documents that verify your full name, date of birth and current residential address, for example your driver's licence. For a list of other acceptable identity documents, please refer to our fact sheet *Proving your identity (NTG-P14)*, available from our website.

If you provide certified copies of identity documents, you must also get the authorised certifier to complete the form *Identity certification (NTG-F26)*, available from our website, and return it to our office with your application.

# Application for Early Release of Superannuation Benefits on Compassionate Grounds

To be completed in full

Full Name			
Residential Address (Cannot be PO Box)			
Postal Address			
Email			
Member No (AGS)		Phone	
Date of Birth		Mobile	
Are you or your dependant(s) in receipt of any Commonwealth Income Support Benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed on a full-time or part-time basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you had any of your preserved benefit component released during the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• If yes, under what grounds were they released?	\$		
Total gross amount of preserved funds you wish to have released on compassionate grounds	\$		

## Personal Assets and Expenses

Assets		Average Fortnightly Expenses	
If you have any financial assets with other funds or institutions please provide the amount that you can access (if any) from the items below.		Please provide the details of your average households expenses over each fortnight. For expenses incurred yearly, divide by 26 to get the fortnightly amount.	
Have you cashed or sold any assets in the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rent / board / home loan repayments	\$
Real estate (other than the family home)	\$	Car loan / lease	\$
Other Bank Accounts	\$	Other loan repayments	\$
Shares (current market value)	\$	Credit card repayments	\$
Other investments	\$	Health insurance	\$
Other superannuation	\$	Childcare / school fees	\$
Main Bank Account	\$	Land rates	\$
Other assets	\$	Food	\$
Other (provide details):	\$	Electricity / gas / water / phone	\$
•	\$	Other (provide details):	\$
•	\$	•	\$
•	\$	•	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

**Income Current Gross Household Fortnightly Income**

	Wages and Salaries	Centrelink Benefits	Other Income
Yourself	\$	\$	\$
Partner	\$	\$	\$
Other	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Dependants****Your Spouse or Partner**

Full name	
Occupation	

**Please list your dependants (if more than three please attach a separate list)**

	Full Name	Relationship to you	Age
Dependant #1			
Dependant #2			
Dependant #3			

**Permission request**

Please indicate below those people whom you give the NT Superannuation Office permission to speak with to assist in assessing your application

Staff of the lending companies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Doctor(s) named in my application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Spouse / Partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Give the reason(s) which you believe support your application (if more space is needed attach additional information to this form):

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**Payment Details**

Bank / Building Society / Credit Union			
Branch		BSB Number	
Account Name		Account Number	

**Declaration**

I certify that the details on this application are true and accurate and that I will use the money released from my superannuation fund for the purpose for which it has been released.

**MEMBER SIGNATURE****DATE**


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**OFFICE USE ONLY**

APPROVED / NOT APPROVED    Signature:

Date: