

Early Release of Superannuation Benefit on Compassionate Grounds

Who should use this form?

You should use this form if you are a retained member of NTGPASS who has ceased NT public sector employment and wish to apply for an early release of your preserved superannuation benefit on compassionate grounds. You can apply for early release of part or all of your preserved benefit.

Who is eligible?

Your superannuation benefit is generally preserved in your superannuation fund until you permanently retire from the workforce after preservation age. In limited circumstances, you can apply to the Commissioner of Superannuation to approve the early release of your superannuation benefit on compassionate grounds. These circumstances 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 be able to show that:

- compassionate grounds exist; and
- you don't have the financial capacity to meet the expenses related to those compassionate grounds.

Compassionate grounds include:

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.

Who is a dependant?

A person is considered your dependant if they are your legal or de facto (including same sex) spouse, or any other person who is financially dependent on you for their maintenance and support. If your application is in respect of a dependant, you should complete statutory declaration B, attached to the form.

How much can I claim?

The amount you apply for should be equivalent to the sum you need to pay the compassionate ground expenses. Tax may be deducted from the amount released.

How do I apply?

Please complete the attached checklist, application form and statutory declaration A (and B if your claim relates to your dependants) 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.

Identification requirements

Under Commonwealth Government legislation, you are required to provide 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*, available from our website.

Compassionate Grounds 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 related to the medical treatment
- 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.

- A certified true copy of the death certificate
- Statutory declaration B
- 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.

Ability to meet expenses associated with one or more of the compassionate grounds

You must be able to prove that you do not have the financial ability to pay for the expenses associated with the compassionate grounds you are applying under.

- Complete the Assets, Income and Expenses sections on pages 4 and 5 of this form. You must show all forms of income including maintenance payments, Centrelink Income Support Benefits and wages.

Statutory declaration(s)

- Statutory declaration A – compulsory for all applications
- Statutory declaration B if your claim relates to your dependant

Identification requirements

Under Commonwealth legislation, 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. The NT Superannuation Office will only accept identity documents that are in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Rules. For a list of other acceptable identity documents, please refer to our fact sheet *Proving your Identity*, 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*, available from our website, and return it to our office with your application.

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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			
<ul style="list-style-type: none"> If yes, what was the amount and under what grounds were they released? \$ 			
Total net (after tax) 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.	
Real estate (other than the family home)	\$	Rent / board / home loan repayments	\$
Main bank account	\$	Car loan / lease	\$
Shares (current market value)	\$	Other loan repayments	\$
Other investments	\$	Credit card repayments	\$
Other superannuation	\$	Health insurance	\$
Other bank accounts	\$	Childcare / school fees	\$
Other assets	\$	Land rates	\$
Other (provide details):	\$	Food	\$
•	\$	Electricity / gas / water / phone	\$
•	\$	Other (provide details):	\$
•	\$	•	\$
•	\$	•	\$
TOTAL		TOTAL	\$

Current Gross Household Fortnightly Income

	Wages and Salaries	Centrelink Benefits	Other Income
Yourself	\$	\$	\$
Partner	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$

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):

Payment Details

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

MEMBER SIGNATURE _____	DATE _____
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OFFICE USE ONLY

APPROVED / NOT APPROVED	Signature: _____	Date: _____
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Statutory Declaration (A) – compulsory for all applications

1 *Insert the name, address of person making the declaration* _____ I, ¹ _____

do solemnly and sincerely declare that the information provide by me in the attached application is true and correct.

I also declare that I am unable to meet the expenses detailed in this claim and that I do not have any assets (apart from my home) which could (reasonably and realistically speaking) be used or sold to cover this gap.

I also declare that the amount I am requesting to be released is necessary to meet the expenses associated with the compassionate grounds, and that I am not applying for a similar payment from any other superannuation fund.

I make this solemn declaration by virtue of the *Oaths Act* and conscientiously believing the statements contained in this declaration to be true in every particular.

2 *Place* _____
3 *Day* _____
4 *Month and Year* _____ Declared at ² _____ on the ³ _____ of ⁴ _____ 20 _____

5

5 *Signature of person making the declaration* _____

6

6 *Signature of person before whom the declaration is made, person must be over 18 years of age* _____

7

7 *Full name, address and contact telephone number of person before whom the declaration is made (in printed letters)* _____

Note A person wilfully making a false statement in a statutory declaration is liable to a penalty of \$2000 or imprisonment of 12 months, or both.

Please note that NT Superannuation Office staff cannot act as a witness to this statutory declaration.

Statutory Declaration (B) – (if claim relates to dependant)

1 *Insert the name and address of person making the declaration* I, ¹ _____

Do solemnly and sincerely declare that:

Full name of dependant _____

Residential address of dependant _____
of _____

relationship to dependant is my _____

and is, or was immediately prior to their death, dependent on me financially for their maintenance and support.

I make this solemn declaration by virtue of the *Oaths Act* and conscientiously believing the statements contained in this declaration to be true in every particular.

2 *Place*
3 *Day*
4 *Month and Year* Declared at ² _____ on the ³ _____ of ⁴ _____ 20 _____

⁵

5 *Signature of person making the declaration* _____

⁶

6 *Signature of person before whom the declaration is made, person must be over 18 years of age* _____

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7 *Full name, address and contact telephone number of person before whom the declaration is made (in printed letters)* _____

Note A person wilfully making a false statement in a statutory declaration is liable to a penalty of \$2000 or imprisonment of 12 months, or both.

Please note that NT Superannuation Office staff cannot act as a witness to this statutory declaration.