

Super Savings

How to make a claim

Early Release of Super on Compassionate Grounds

Please note:

If you have ceased work due to sickness or injury, call us on **13 11 84** before proceeding.



Am I eligible to make a claim?

Do you need financial help with:

- Medical treatment or transport for you or your dependant(s)?** To pay for medical costs and transport required to treat a life-threatening illness or injury, acute or chronic pain, or an acute or chronic mental disturbance.
- Modifications to your home and/or motor vehicle?** To fund specific modifications that are necessary to accommodate special needs if you or your dependant has a severe disability (doctor's certification required).
- Funeral assistance?** To assist with funeral and other expenses related to the death of a dependant.
- Palliative care?** To provide care for you or your dependant who is dying from a terminal illness (including home care).
- Mortgage assistance?** To prevent your mortgagee (lender) from selling your principal place of residence.

If you ticked any of the above boxes you are eligible to apply.

It's important to know that you may pay extra tax if you make a claim. Refer to ato.gov.au for more information on tax implications.

See step 1 below for details on how to apply.

STEP 1

How do I apply?

Get approval from Australian Taxation Office (ATO)

We cannot process your claim without approval from the ATO. For Australian Retirement Trust to allow the early release of your super on 'compassionate grounds' the **ATO must first be satisfied that your application meets the eligibility criteria**. The ATO will notify you in writing of their assessment of your application. You must attach **the approval letter from the ATO** when returning this form. To apply for approval or to find out more information, the ATO can be contacted on 13 10 20 or at ato.gov.au

STEP 2

Obtain supporting documents

Before you can apply you will need to obtain supporting documents. Please refer to page 2 of this form for more information.

Important information

The Q230 and Q251 letters issued by the DHS for financial hardship claims WILL NOT qualify you for a compassionate grounds claim. Please contact Australian Retirement Trust to discuss your options.

Want your payment as quickly as possible?

You **MUST** complete ALL mandatory fields (we'll return your form if it is incomplete) and attach your approval letter from the ATO.

Make sure you provide **ALL** the requested bank or credit union account details.

STEP 3 Complete the attached form

The below describes important things to remember when completing each section of the form

1,2 Personal details & Employment details

Ensure you include your residential address. **Legislation states we may not be able to process your claim without this.** (Please note a PO Box is not a residential address.)

3 Claiming a tax deduction

Carefully consider if you want to claim a tax deduction on contributions you've made to your account first. Refer to ato.gov.au for more information.

4 Your payment amount

The amount you request here cannot be more than the amount approved by the ATO. Refer to ato.gov.au for information on tax implications.

5 Your payment details

Money cannot be paid into a credit card account, third party account or an overseas account.

6 Proof of identity

You can use this section to give your consent to Australian Retirement Trust to electronically verify your identity. If you prefer not to be verified electronically, refer to our Proof of Identity Requirements Factsheet at art.com.au/poi for instructions on how to prove your identity using your identity documents.

7 Checklist

Use the checklist to double check everything is complete.

8 Authorisation and declaration

Then read the statements and sign.

We can accept scanned copies of your form and your approval letter from the ATO, however all certified proof of identity documents must be mailed to Reply Paid 2924 Brisbane Qld 4001.

Super Savings

Early Release of Super on Compassionate Grounds



13 11 84 | art.com.au
Reply Paid 2924
Brisbane Qld 4001

Important note: Only Australian or New Zealand citizens or permanent residents of Australia are permitted to claim for early release of super on compassionate grounds.

Q230 and Q251 letters issued by the DHS do not qualify you for a compassionate grounds claim.

Please contact Australian Retirement Trust to discuss your options.

Important: Please provide us with as much information as possible. Please tick boxes where appropriate.

Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD.

Member number

1 Personal details

Title

First name*

Middle name

Last name*

Date of birth*

Home address* (must not be a PO Box)

Suburb*

State*

Postcode*

Postal address (if different from your home address)

Suburb*

State*

Postcode*

Mobile number

Daytime contact number

Email* Use your personal rather than a work email address, so we can contact you if your work situation changes.

Tax file number (TFN) details

You are not required to provide your TFN. If we do not have your TFN, you may pay more tax than you need. You can provide or update your TFN in Member Online or by completing a Tax File Number Notification form available on our website. To protect your privacy, please do not write your TFN on this form.

2 Employment details

Please provide the name of your last employer*

Are you still working for this employer?*

If No, what date did you finish?* (DD/MM/YYYY)

Please note if you ceased work due to sickness or injury call us on 13 11 84.

3 Claiming a tax deduction

Important

If you want to claim a tax deduction on voluntary after-tax contributions you have already made, you must do this before you submit this form.

If you make a partial or full-withdrawal from your Accumulation account before submitting a request to claim a tax deduction, you will not be able to claim some (or all) of the amount you have contributed as a tax deduction. Find out more at art.com.au/tax-deductions.

If you intend to claim a tax deduction, you can let us know by completing the online form in Member Online.

➔ Please continue over page

4 Your payment amount

How much would you like us to pay you? You can choose the total amount the ATO has approved for you or a lesser amount.

Please pay me:

the total the ATO approved amount (before tax)

OR

a lesser amount of: \$ before tax (gross)

OR

a lesser amount of: \$ after tax (net)

Note: the amount requested cannot be more than the amount approved by the ATO. Where your account balance falls below \$6,000 after this payment is made and you want to maintain your insurance cover in your account, you'll need to ensure there is enough money to pay for any future insurance premiums and you will need to make at least one eligible contribution every 12 months or advise us in writing via art.com.au/keep-my-insurance that you wish to retain your insurance cover. If you choose a lesser amount than what's approved by the ATO, no additional payment will be made at a later date.

5 Your payment details

Please ensure the Australian bank, building society or credit union account details provided are accurate and written clearly. We may not be able to recover funds paid to an incorrect account where incorrect details are provided below.

We can only deposit amounts into an account held in your name or jointly in your name.

Name on account*

Branch (BSB) number*

Australian bank account number*

Name of financial institution*

Money cannot be paid into a credit card account, third party account or an overseas account. We will take care to ensure your money is paid in accordance with the details you have provided. However, we accept no responsibility for any loss which occurs as a result of incorrect account details you provide us.

If the bank or credit union rejects the payment of your money, we'll pay you by cheque and may take longer than payments made electronically. For account validation purposes, we may require a copy of your bank statement to confirm bank account ownership and will advise if this is required.

[➔ Please continue over page](#)

Please choose one of the proof of identity options below.

As part of electronic identity verification, we'll check if your name, residential address and date of birth matches the personal information held by the document issuer or an official record holder (including a credit reporting agency). This allows us to verify you under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. It doesn't give us access to your credit information or other information about you AND our request won't be recorded on your credit file.

If you prefer not to be verified electronically you must tick the box under Option 2. You must then also provide document-based proof of identity per the instructions in our factsheet or on our website.

Option 1 - Electronic verification (Preferred)

I understand that by completing this section I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder (including a credit reporting agency).

Note: This doesn't give us access to your credit file information and won't be recorded on your credit file.

You must provide either driver licence or Australian passport details if you are choosing electronic verification, plus your Medicare card if available.

1. Full name exactly as it appears on my driver licence*

Licence number

Card number (as shown on back or front of licence)¹

State of issue

Valid to

DDMMYYYY

1 Some Australian States and Territories have mandatory driver's licence numbers and driver's licence card numbers. If that's the case for your area, you have to give us both so we can complete our checks.

2. My Australian passport number is

Passport expiry date

DDMMYYYY

Full name including middle name (as shown on passport)

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

3. Full name exactly as it appears on my Medicare card

My Medicare number is

Valid to

MM20YY

My reference number on this card is

Select your Medicare card colour Green Blue Yellow

Option 2 - Document-based verification

Refer to our Proof of Identity Requirements Factsheet at art.com.au/poi for instructions on how to prove your identity using your identity documents.

[➔ Please continue over page](#)

7 Checklist

So that your application can be processed as quickly as possible, please complete the following checklist to ensure you've completed all of the necessary sections and all required information has been supplied.

- | | |
|--|---|
| <input type="checkbox"/> Have you read the How to make a claim pages of this form, including impacts to my insurance and tax payable? | <input type="checkbox"/> Have you attached a copy of your approval letter from the ATO? |
| <input type="checkbox"/> Have you completed this application form in full and signed and dated the authorisation and declaration below? | <input type="checkbox"/> If you prefer not to be verified electronically, have you referred to our Proof of Identity Requirements Factsheet at art.com.au/poi for instructions on how to prove your identity using your identity documents? |
| <input type="checkbox"/> If you want be able to claim a tax deduction, have you completed the Notice of Intent to Claim a Tax Deduction form in Member Online? | |

Remember: The Q230 and Q251 letters issued by the DHS do not qualify you for a compassionate grounds claim. Please contact Australian Retirement Trust to discuss your options.

Important If you prefer not to be verified electronically, all certified Proof of identity documents must be mailed to us.

8 Authorisation and declaration signed on behalf of the member

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- Where the full balance of my account is paid from Australian Retirement Trust, I hereby release Australian Retirement Trust from any further liability to me or my executors, administrators or dependants in respect of my participation in the Fund and request and authorise the termination of my membership in the Fund. I understand that by doing this my insurance cover (if any) will end.
- I approve the deduction of any applicable tax from the benefit paid. I am aware of taxes that may apply.
- I have considered the fees and charges, impact on insurance cover and the implication to my benefit entitlement prior to applying for the early release of my super on compassionate grounds. I do not require further information and authorise the withdrawal to proceed.
- I am a citizen or permanent resident of Australia or citizen of New Zealand.

Full name (print in BLOCK letters)*

Signature*

Date signed* (DD-MM-YYYY)

Please sign in blue or black pen. Digital signatures only accepted if form is saved as a read-only, certified copy with an audit trail.

9 Send us your form

Send your completed form and certified ID (if applicable) to us by:

Post: Australian Retirement Trust
Reply Paid 2924 Brisbane Qld 4001

Online: You can upload your forms securely using our website at art.com.au/upload

 Save form

 Print form

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit art.com.au/privacy or call 13 11 84.