



ZURICH®

# Superannuation and Deferred Annuity Financial Hardship Redemption form

**This form is to be used when redeeming your superannuation benefit from the Zurich Deferred Annuity or from the Zurich Master Superannuation Fund ('the fund') on the grounds of severe financial hardship.**

**Important:** All redemption requests must be supported with proof of age/identification together with relevant documentation. Zurich will be unable to assess your request without this information. Please refer to "Checklist" (Section 13 of this form).



## 1 Personal details

Title	Surname		
Given name(s)	Date of birth	/	/
Residential address	State	Postcode	
Postal address (if different to above)	State	Postcode	
Contact details	Work ( )	Home ( )	
	Mobile	Email	
Are you an Australian resident for tax purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Note: Please attach evidence such as a copy of a marriage certificate to verify any name change.**

Centrelink Customer Reference Number (CRN)

Please note that Zurich is approved and registered with Centrelink Confirmation eServices. This service helps Zurich obtain confirmation of your income support benefits through Centrelink quickly and securely. Please contact Centrelink for further details on usage of this service.

## 2 Investment details

Zurich Investment number	Zurich Investment type
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## 3 Severe financial hardship

To be considered as being in severe financial hardship you must be in one of the following scenarios:

### Scenario A:

- You are in receipt of a Commonwealth income support payment and have been for a continuous period of 26 weeks; and
- You are unable to meet reasonable and immediate family living expenses.

**OR**

### Scenario B:

- You are over your Preservation Age plus 39 weeks;
- You have received Commonwealth income support payments for a cumulative period of 39 weeks since reaching your preservation age; and
- You are unemployed or employed for less than 10 hours per week at the time of application.

**Note:** the Commonwealth income support payments referred to above must be from one of the following Commonwealth Schemes:

- An income support supplement, service pension or social security pension, or a social security benefit (other than Austudy, or other than a youth allowance if you are in full time study);
- A drought relief payment or exceptional circumstances relief payment; or
- A payment from the Community Development Projects Scheme.

I satisfy:

- Scenario A** ▶ Please complete sections 4 and 5
- Scenario B** ▶ Please go to section 6

\*Use the following table to work out your preservation age.

Date of birth	Preservation age
Up to 30-6-1960	55
1-7-1960 to 30-6-1961	56
1-7-1961 to 30-6-1962	57
1-7-1962 to 30-6-1963	58
1-7-1963 to 30-6-1964	59
1-7-1964 +	60

## 4 Income and expense details

Current employment status (please tick appropriate box(es)):

Self employed       Full time employee       Part time employee       Unemployed

What amount do you estimate would relieve your current severe financial hardship? \$ \_\_\_\_\_

**List the name and age of your financial dependant(s)** (eg: your partner and any children)

Attach an additional list of dependants if required

Name	Age
1.	
2.	
3.	
4.	

**Current total NET weekly income** (provide evidence eg: Pay slips, bank statements, etc):

Self	\$
Partner	\$
Dependant(s)	\$
<b>TOTAL</b>	<b>\$</b>

Please indicate your total estimated weekly household expenses (eg: gas, electricity, phone, food etc) \$ \_\_\_\_\_

Please indicate your total weekly mortgage, rental or board payments \$ \_\_\_\_\_

Please indicate your total weekly loan payments (eg: credit cards, car loans etc) \$ \_\_\_\_\_

Please briefly explain the cause(s) of your financial hardship and how the money will be used if released:

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Please attach copies of documents to support your claim for severe financial hardship including bank statements for the last three months, bills, invoices, payslips and any further document to support your claim.

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## 5 Statutory Declaration

I, (Name, address, occupation)

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do solemnly and sincerely declare that the information I have provided on this Superannuation and Deferred Annuity Financial Hardship Redemption form is true and correct.

I also declare that I am unable to meet my reasonable and immediate family living expenses and that, apart from my home, I do not have any assets which could reasonably and realistically be used or sold to meet those living expenses.

I also declare that the amount I am requesting to be released is necessary to meet those living expenses.

And I make this solemn Declaration by virtue of the Statutory Declarations Act 2018 (Cth) as amended ('the Act') and subject to the penalties provided by the Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this Declaration to be true in every particular.

Note: A person who wilfully makes a false statement in a statutory declaration under the Act is guilty of an offence against the Act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding 6 months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.

Investor / Member's signature

Date

X

/ /

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Declared at

on this                      day of                      , 20

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Signature **Witness\***

Date

X

/ /

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Name of Witness

Address of Witness

State

Postcode

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Qualification

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\*To be signed before a prescribed person such as a justice of the Peace, Solicitor or a Notary Public.

## 6 Redemption amount

**I request that Zurich release my benefit on the grounds of financial hardship.**

Total fund value \$

Partial fund value \$

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**Note:** If you satisfy Scenario A ( and not Scenario B) the maximum value you are able to apply for is \$10,000 in any 12 month period. Where applicable, your redemption will be drawn proportionally from your Taxable and Tax-Free superannuation components.

Continued next page 

## 7 Payment details Tick **ONE** box only.

### Preferred method of payment

- Cheque made payable to you ► Go to Section 8
- Direct credit payment to an Australian bank account in your name or a joint account where you are an account holder

### Direct credit details

Please provide the bank account details where you would like the funds to be deposited:

Name of financial institution

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Address

State

Postcode

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Bank/State/Branch (BSB number)

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Account number

Account name

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Please check with your bank or financial institution that account details are correct. Incorrect information can result in payment to the wrong account. Zurich is not responsible for funds paid to the wrong account on your instruction.

## 8 Tax File Number (TFN)

It is not compulsory to provide your TFN to the Trustee however if you choose not to provide your TFN, Zurich will be required to withhold any applicable tax from your redemption at the highest marginal tax rate. In this instance you would have to reclaim the additional tax through the income tax assessment process.

I advise that my TFN is: --

and I authorise for this number to be quoted for the circumstances listed above.

## 9 Insurance continuation

If you are transferring the full amount of your superannuation, would you

like to continue your life insurance cover (if applicable)? Yes  No

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**There is no automatic continuation of life insurance cover when you redeem or transfer your superannuation benefits. Eligibility to continue cover depends on the terms and conditions of any existing cover. If you would like to continue your life insurance cover, we will assess your eligibility and contact you with your options.**

## 10 Source of contribution

For the current financial year I confirm that the contributions have been paid by:

- Myself as a self employed person  
► Please go to Section 11
- My employer (including salary sacrifice contributions) and the balance by myself as personal contributions  
► Please go to Section 12
- Myself as personal contributions only  
► Please go to Section 13
- My employer only (including salary sacrifice contributions by my employer on my behalf)  
► Please go to Section 13

Continued next page ►

## 11 Notice of intent to claim a deduction

**IMPORTANT:** If you are eligible to claim a deduction for contributions made to this superannuation fund, you **MUST** provide the trustee with a valid notice of intent to claim a deduction form while you are still a member of that Fund. Legally you are unable to claim for contributions made to a Fund that you are no longer a member of.

A valid Notice of intent to claim a deduction form can be obtained:

- On the Superannuation Forms page on [www.zurich.com.au](http://www.zurich.com.au)
- By calling Zurich Customer Care on 131 551
- On the ATO website, [www.ato.gov.au](http://www.ato.gov.au) (Google search – ATO notice of intent to claim).

Note: You can claim for a deduction for your personal superannuation contributions if, among other things, all of the following apply:

- you are still a member of your super fund when you give your fund trustee a valid notice in the approved form, on time
- when you give your notice, your fund has not begun to pay an income stream (for example, a pension) based on part or all of the contributions for which you intend to claim a deduction
- you have received acknowledgment from your fund of your intention to claim a deduction, and
- your fund has accepted your contribution for which you want to claim a deduction.

## 12 Paid by my employer and the balance by myself as personal contributions

If the contributions paid by your employer and the balance by yourself as personal contributions please complete this section.

For the tax year 20 / 20 my total (non-rollover) contributions were \$

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Of this amount, please specify how much was paid by you as personal contributions, and how much was paid by your employer as employer contributions in order for us to process your redemption.

\$ Paid by my employer \$ Paid by myself as personal contributions

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## 14 Centrelink consent

This consent will be used for the sole purpose of authorising Centrelink to provide information to the Trustee, Equity Trustees Superannuation Limited and/or Zurich Australia Limited (as applicable) to assess your eligibility in relation to concessions or services provided by Zurich.

I (Investor / Member's Name)

authorise:

- Zurich to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Customer details.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Zurich.

I understand that:

- the department will use information I have provided to the Trustee and/or Zurich to confirm my eligibility for early release of superannuation on the grounds of financial hardship based on whether I have been in receipt of a qualifying Centrelink payment for a specified period.
- the department will disclose to Zurich my personal information including my name, date of birth and payment status.
- this consent, once signed, remains valid while I am a customer of Zurich or a member of the Zurich Master Superannuation Fund (as applicable) unless I withdraw it by contacting the Zurich or the department.
- I can obtain proof of my circumstances/details from the department and provide it to the Trustee and/or Zurich so that my eligibility for early release of superannuation on the grounds of financial hardship can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the services provided by Zurich.

Investor / Member's signature

Date

X

/ /

## 15 Investor/Member's declaration and discharge

I declare that all information and documents I have provided are true and correct.

Where the redemption represents a full redemption of my entitlement I agree that my receipt of that benefit constitutes a full and effective discharge from the Equity Trustees Superannuation Limited (the Trustee) or Zurich Australia Limited (where applicable) of its obligations.

Investor / Member's signature

Date

X

/ /

## Your privacy

Zurich and the Trustee are bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing Zurich and the Trustee with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. Please refer to the 'Trustee Privacy Statement' section in the "**Zurich Superannuation Plan and Zurich Account-Based Pension Fee Guide and Additional Information**" document located at [www.zurich.com.au/zspandzabp](http://www.zurich.com.au/zspandzabp).

A more detailed explanation of the Trustee's Privacy policy is available at [www.eqt.com.au/global/privacystatement](http://www.eqt.com.au/global/privacystatement) and can be obtained by contacting the EQT Group's Privacy Officer on (03) 8623 5000, or alternatively by contacting us via email at [privacy@eqt.com.au](mailto:privacy@eqt.com.au). You should refer to the EQT Group Privacy policy for more detail about the personal information the EQT Group collects and how the EQT Group collects, uses and discloses your personal information.

For information about Zurich's Privacy Policy, a list of service providers and business partners that Zurich may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on the Zurich homepage – [www.zurich.com.au](http://www.zurich.com.au), contact Zurich by telephone on 132 687 or email at [privacy.officer@zurich.com.au](mailto:privacy.officer@zurich.com.au)

## 16 Checklist

Before you send this form to Zurich, please complete the following checklist. It identifies information that must be provided when applying for a redemption on the grounds of financial hardship from your Superannuation / Deferred Annuity plan. Ensuring that all information is provided will assist us in assessing your request as quickly as possible.

- Proof of identity document(s) – please refer to Section 13.
- Your Tax File Number (optional).
- Copies of documents to support your claim for severe financial hardship including bank statements for the last three months, bills, invoices, payslips and any further document to support your claim (if applicable under Section 4 of this form).
- A certified copy of your marriage certificate or other relevant documentation to verify any name change (if applicable).
- Also, please make sure your CRN has been provided on page 1 as we are unable to process your redemption without it.

### Questions? Call 131 551

Please send your completed application form to:

**Zurich Customer Care, Locked Bag 994, North Sydney NSW 2059**