

## Statutory Declaration Financial Hardship

Please complete in capital letters and in BLACK INK only

### 1. Member details

Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)				
Family name	<input type="text"/>				
Given name(s)	<input type="text"/>				
<b>Contact Details (postal address, telephone, email)</b>					
No./Street/PO Box	<input type="text"/>				
Suburb/Town/City	<input type="text"/>				
State/Territory	Postcode	Country (if outside Australia)	<input type="text"/>		
Phone: Home no. (inc. STD/ISD)	Business no. (inc. STD/ISD)		<input type="text"/>		
Mobile no.	Fax no. (inc. STD/ISD)		<input type="text"/>		
E-mail address	<input type="text"/>				
<b>Residential Address</b>					
<input type="checkbox"/> Same as Postal Address above					
<input type="checkbox"/> Different from Postal Address above – you MUST complete below					
No./Street	<input type="text"/>				
Suburb/Town/City	<input type="text"/>				
State/Territory	Postcode	Country (if outside Australia)	<input type="text"/>		

### 2. Member declaration

**I do solemnly declare that:**

- I am unable to meet my reasonable and immediate living expenses;
- To meet the above expenses, I require the release of my preserved benefit from FuturePlus Super; and
- I enclose a letter from Centrelink referring to the "release of superannuation benefits on hardship grounds – income support requirements met";
- I have not received a benefit from any superannuation fund on the basis of financial hardship in the last 12 months;

Or I have received a benefit of \$  from a superannuation fund on the basis of financial hardship in the last 12 months;

**AND I MAKE this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.**

Declared at

in the State of

this (day)  of  (month)  (year)

Signed

### 3. Justice of the Peace/Solicitor declaration

Before me:	Justice of the Peace <input type="checkbox"/>	Solicitor <input type="checkbox"/>
Name	<input type="text"/>	
Signed	<input type="text"/>	Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>

Please note: There are penalties for deliberately giving false or misleading information

### Where to send this form/enquiries

FuturePlus Super PO Box N835 Grosvenor Place NSW 1220 website: www.futureplussuper.com.au	Phone: 1800 067 059 (8.30 am – 5.00 pm Mon – Fri) enquiries: info@futureplussuper.com.au
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**DO NOT FAX THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED**

