

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"/> | | | | | | |
| Contact Details (postal address, telephone, email) | | | | | | | |
| No./Street/PO Box | <input type="text"/> | | | | | | |
| Suburb/Town/City | <input type="text"/> | | | | | | |
| State/Territory | <input type="text"/> | Postcode | <input type="text"/> | Country (if outside Australia) | <input type="text"/> | | |
| Phone: Home no. (inc. STD/ISD) | <input type="text"/> | | | Business no. (inc. STD/ISD) | <input type="text"/> | | |
| Mobile no. | <input type="text"/> | | | Fax no. (inc. STD/ISD) | <input type="text"/> | | |
| E-mail address | <input type="text"/> | | | | | | |
| Residential Address | | | | | | | |
| <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 | <input type="text"/> | Postcode | <input type="text"/> | 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 Solicitor

Name

Signed **Date (dd/mm/yyyy)** / /

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

Where to send this form/enquiries

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|--|--|
| 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 OR EMAIL THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED

