Application for Early Release Acclaim of Superannuation Benefits -**Compassionate Grounds**



Note: Only Australian or New Zealand citizens or permanent residents of Australia are permitted to claim for the early release of preserved superannuation benefits on compassionate grounds.

This form can be used to arrange a payment from your account after the ATO has approved the early release of your benefit on specified compassionate grounds.

The ATO is responsible for assessing all requests for early release of benefits on specified compassionate grounds. The Fund is responsible for the payment of the benefit from the Fund. If you have not yet applied to the ATO for assessment, you must do so before completing this form. You can apply online at www.ato.gov.au or call the ATO on 13 10 20 to request an application form.

Generally, you can apply for the early release of superannuation benefits on specified compassionate grounds if you need:

- treatment and transport for you or a dependant concerning life threatening illness or injury, acute or chronic pain, or acute or chronic mental disturbance; OR
- the modification of your home or motor vehicle if you or a dependant has a severe disability; OR
- palliative care for you or a dependant, or the death, funeral, or burial of a dependant; OR
- mortgage payments to prevent your bank or lender selling your home.

The ATO will assess your application and write to you with their decision. If the ATO approves the early release of your benefit, please send the following documents to Acclaim Wealth:

- 1. ATO letter of approval of the early release of your benefit
- 2. this application form (completed)
- 3. proof of identity documents (see section 4)
- *Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

Checklist										
ATO letter of approval of the early release of your benefit										
This application form (completed)										
Proof of identity documents										
Section 1: Personal details										
Surname:				Salutatio	n:					
Given name(s):				Date of birt	h:					
Postal address:										
Suburb:			State:		Postcode:					
Telephone (BH):	((AH):		Mobile:						
Email:				Membership	number:					
0 11 0 0										
Section 2: Payment details										
Please note that a bank document which displays the name of the account holder, BSB and account number needs to be submitted with your form. This document must be on bank letterhead or a statement.										
Please provide your bank account details below:										
Account name*:										
Name of bank or financial institution:										
BSB:			Account Number:							
*Must be held in your	name or jointly in your name.									

Please select one of	the with	drawal options below:			
Total amount a	pproved	by the ATO			
Nominated am	ount:	\$			
			ecount to pay for any future insurance pre In what the ATO has approved, no addition		
Section 4: Ide	entity	verification			
	ication c		our identity; you can supply us with an origubmit with this form a scanned non-certified		
, , ,	cally ple	ase supply us with original certifi	e also need to electronically verify your ider ied copies of your identification via post. If	, ,	
Document Verificatio	n Service	e (DVS).The DVS is a national on	suments you provide to us will be submitted line system that allows organisations to cor ir privacy policy is available from their webs	mpare an indi	ividual's identifyinç
If you would like to p	roceed	with electronic verification pleas	se tick each of the consent boxes below:		
You consent to	us elect	onically verifying your identity; A	ND		
You are authoris	sed to p	rovide the identification docume	ents to us; AND		
You understand verification serv		e details of the identification doc	cuments will be checked against the Austro	ılian governm	ent's document
Please note that we	are una	ole to make any payment until y r identification by post.	our identity has been verified either by thi	s method, or I	by receiving a
Section 5: De	clara	tion			
 I do solemnly and I also declare that (apart from my ha I also declare that I make this solemn 	I sincerel I I am ur ome) wh I the am In declard aking of	y declare that the information possible to meet my reasonable an ich could (reasonably and realisount I am requesting to be releastion by virtue of the Statutory Defalse statements in the statutory	rovided by me in this Early Release Applica d immediate family living expenses and the stically speaking) be used or sold to cover sed is necessary to meet this reasonable a eclaration Act 1959 as amended and subje declarations, conscientiously believing the	at I do not have this gap. and immediate ect to the pen	ve any assets e family expense. alties provided in
Member signature:				Date:	

Section 3: Withdrawal details