

**Financial hardship statutory declaration**



1. Insert your full name, address and occupation

I, [full name] \_\_\_\_\_ of  
[your address] \_\_\_\_\_ [suburb]  
\_\_\_\_\_ [state] \_\_\_\_\_ [postcode] \_\_\_\_\_

Phone number \_\_\_\_\_

Account number \_\_\_\_\_

Client number \_\_\_\_\_

Date of birth [day] \_\_\_\_\_ [month] \_\_\_\_\_ [year] \_\_\_\_\_

Occupation \_\_\_\_\_

declare that the information provided by me in the following document is true and complete.

I declare that I am experiencing one of the circumstances described in section 1 overleaf as 'Hardship', and that I do not have any assets (apart from my home) that could reasonably be used or sold to pay for these expenses and that (with the exception of borrowing) I have made every effort to find alternative sources of funds to meet my immediate needs.

I declare that satisfying this hardship request will not result in more than four withdrawals on hardship grounds by me in this calendar year and will not result in the total amount of hardship withdrawals by me in this calendar year exceeding \$100,000.

I declare that I have not made a hardship request to any other mortgage/income fund that has also been granted ASIC hardship relief for mortgage funds.

I declare that \$ \_\_\_\_\_ is necessary to relieve my immediate hardship.

I make this declaration according to the law, and understand it is a serious legal offence to make a wilfully false statement.

2. Your signature

\_\_\_\_\_ declared  
at \_\_\_\_\_ on  
\_\_\_\_\_ before me  
\_\_\_\_\_

3. Signature of witness

\_\_\_\_\_

4. Print name and address of witness

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Financial hardship statutory declaration



### Section 1 – Type of hardship

Please indicate which of the following categories of hardship for which you wish to apply for release of your funds and provide the information and documents specified.

|   |                          |
|---|--------------------------|
| <p><b>Severe financial hardship</b> –to meet reasonable and immediate living expenses.</p> <p>Please answer sections 2 and 3, and provide:</p> <ul style="list-style-type: none"><li>• Copies of bills which are due or copies of your last three months' bank statements showing regular bill payments.</li></ul>  | <input type="checkbox"/> |
| <p><b>Unemployed for at least three months</b> – without other means except government assistance such as unemployment benefits.</p> <p>Please answer sections 2 and 3 and provide:</p> <ul style="list-style-type: none"><li>• Copies of bills which are due or copies of your last three months' bank statements showing regular bill payments.</li><li>• Statement from Centrelink confirming unemployment for at least three months.</li></ul>                      | <input type="checkbox"/> |
| <p><b>Medical costs</b> – to help pay for medical costs (and transport costs) required to treat a life-threatening illness or injury, to alleviate acute or chronic pain, or to alleviate an acute or chronic mental disturbance.</p> <p>Please answer section 4 and provide:</p> <ul style="list-style-type: none"><li>• Certification by two registered medical practitioners (at least one of whom must be a specialist) confirming the medical condition.</li></ul> | <input type="checkbox"/> |
| <p><b>Accommodation or transport modifications</b> – to fund specific modifications (to a principal place or residence or vehicle) that are necessary to accommodate special needs arising from a severe disability.</p> <p>Please answer section 2 and 5, and provide:</p> <ul style="list-style-type: none"><li>• Two quotes from qualified trades people for the required modifications.</li></ul>   | <input type="checkbox"/> |
| <p><b>Funeral and related expenses</b> – to assist with funeral and/or other expenses related to the death of the former member or a former dependent of the member.</p> <p>Please answer section 2 and 6 and provide:</p> <ul style="list-style-type: none"><li>• Invoices for the funeral and/or other expenses.</li><li>• Death certificate of the former member or a former dependent of the member</li></ul>   | <input type="checkbox"/> |
| <p><b>Care for terminally ill</b> – to enable the member to provide care for a person who is dying from a terminal illness, including home care.</p> <p>Please answer section 2 and 7 and provide:</p> <ul style="list-style-type: none"><li>• A certified statement from a registered medical practitioner confirming the patient is terminally ill and the level of care the person will require eg. fulltime, at home, respite.</li></ul>                            | <input type="checkbox"/> |
| <p><b>Home mortgage foreclosure</b> – to prevent a mortgagee lender from selling your principal place of residence.</p> <p>Please answer section 2 and provide:</p> <ul style="list-style-type: none"><li>• Certified copy of the mortgage provider's foreclosure notice.</li></ul>   | <input type="checkbox"/> |

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|   |                          |
|---|--------------------------|
| <p><b>To meet a binding obligation entered into prior to suspension of fund redemptions.</b><br/>Please answer section 2 and provide:</p> <ul style="list-style-type: none"> <li>• Certified copy of the contract giving rise to the binding financial obligation.</li> </ul>   | <input type="checkbox"/> |
| <p><b>Permanent Incapacity</b> – where you have ceased gainful employment for reason of mental or physical ill-health and the responsible entity is satisfied that you are unlikely ever again to engage in gainful employment of the type for which you are reasonably qualified by education, training or experience.<br/>Please provide:</p> <ul style="list-style-type: none"> <li>• Certification (typed) by two registered medical practitioners (at least one of whom must be a specialist) which includes a description of your condition, current treatment, prognosis and the statement:<br/><br/><i>“that &lt;member’s name and DOB&gt; is unlikely to ever again engage in gainful employment of the type for which he/she is reasonably qualified by education, training or experience.”</i></li> <li>• Your resume or details of your past work experience and education / training.</li> </ul> | <input type="checkbox"/> |
| <p><b>Other compassionate grounds</b> –To meet expenses in other hardship cases with circumstances consistent with those above.<br/>Please answer section 2 and provide;</p> <ul style="list-style-type: none"> <li>• Certified copy of documents which support your current situation.</li> </ul>  | <input type="checkbox"/> |
| <p><b>Member is deceased and beneficiary of the estate is suffering from one of the grounds of hardship above</b><br/>Please answer the relevant section above supporting the beneficiary’s hardship withdrawal and also provide;</p> <ul style="list-style-type: none"> <li>• Certified copy of the death certificate of the deceased</li> <li>• Certified copy of the will of the deceased</li> <li>• Certified copy of probate or letters of administration</li> <li>• Letter from the executor or administrator of the estate supporting the hardship withdrawal from the beneficiary</li> </ul>  | <input type="checkbox"/> |

**Section 2 – General details:**

- a. Please briefly explain the cause of your financial hardship and how the benefits would be used (attach additional pages if the space provided is insufficient).

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# Financial hardship statutory declaration



b. Please list current value for all readily realisable assets including

|                      |          |
|----------------------|----------|
| Bank Account         | \$ _____ |
| Shares / derivatives | \$ _____ |
| Managed Funds        | \$ _____ |
| Other                | \$ _____ |
| Total                | \$ _____ |

c. What amount do you estimate would relieve your hardship? \$ \_\_\_\_\_

d. What does this amount include and how did you calculate it?

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## Section 3 – Income and expenses

a. Please complete the following details.

| Income# (average monthly)  |                 | Commitments (average monthly)  |                 |                                       |          |
|----------------------------|-----------------|--|-----------------|---------------------------------------|----------|
| Salary                     | self \$ _____   | Note, only payments made for necessary family living costs are to be included. Payments made for non-essential items should not be included. |                 |                                       |          |
|                            | spouse \$ _____ |  |                 |                                       |          |
| Centrelink payments        | \$ _____        |  |                 |                                       |          |
| Dividends/interest         | \$ _____        |  |                 |                                       |          |
| Mortgage and other managed |                 |  |                 |                                       |          |
| Fund distributions         | \$ _____        |  |                 |                                       |          |
| Other income               | \$ _____        |  |                 |                                       |          |
|                            |                 |  |                 | House repayments/rent <sup>†</sup>    | \$ _____ |
|                            |                 |  |                 | Personal loan repayments <sup>†</sup> | \$ _____ |
|                            |                 |  |                 | Credit card repayments <sup>†</sup>   | \$ _____ |
|                            |                 | Other loans <sup>†</sup>   | \$ _____        |                                       |          |
|                            |                 | Food and household items   | \$ _____        |                                       |          |
|                            |                 | Phone  | \$ _____        |                                       |          |
|                            |                 | Electricity  | \$ _____        |                                       |          |
|                            |                 | Gas  | \$ _____        |                                       |          |
|                            |                 | Clothing   | \$ _____        |                                       |          |
|                            |                 | Car* fuel  | \$ _____        |                                       |          |
|                            |                 | registration/insurance/<br>service/repairs   | \$ _____        |                                       |          |
|                            |                 | loan/lease/rental  | \$ _____        |                                       |          |
|                            |                 | Public transport*  | \$ _____        |                                       |          |
|                            |                 | Municipal and water rates*   | \$ _____        |                                       |          |
|                            |                 | House insurance*   | \$ _____        |                                       |          |
|                            |                 | Education and fares*   | \$ _____        |                                       |          |
|                            |                 | Other* (details)   | \$ _____        |                                       |          |
| <b>Total income</b>        | <b>\$ _____</b> | <b>Total commitments</b>   | <b>\$ _____</b> |                                       |          |

# After tax.

\* You may use expenses during the last year to estimate current commitments.

† If you are applying for over \$5,000, please submit copies of the relevant statement to support your claim. In certain circumstances we may request additional information to support your claim.

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b. Details of lawful spouse, de facto spouse and/or children of any age (natural or adopted):

| Name | Address | Relationship | Age | Are they financially dependent? |    |
|------|---------|--------------|-----|---------------------------------|----|
|      |         |              |     | Yes                             | No |
|      |         |              |     |                                 |    |
|      |         |              |     |                                 |    |
|      |         |              |     |                                 |    |
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**Section 4 – If applying to pay for medical expenses**

a. Please briefly describe your medical condition and the required treatment.

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b. What costs have you incurred in that last 12 months in relation to the illness (not required if a new illness) and an estimate of costs over the next 12 months.

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c. Please provide details of health insurance and what percentage of the above costs will be / have been covered?

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**Section 5 – If applying to fund specific modifications that are necessary to accommodate special needs arising from a severe disability.**

- a. Please provide details of modifications you require to your principal place or residence or vehicle and why they are required?

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**Section 6 – If applying to fund funeral and related expenses**

- a. What was your relationship to the deceased \_\_\_\_\_
- b. If the deceased was the member of the fund are you the executor of the estate: Yes / No

**Section 7 – If applying to fund to provide care for a person who is dying from a terminal illness, including home care.**

- c. What is your relationship to patient \_\_\_\_\_
- d. Are you providing the care directly: Yes / No
- e. What is the estimated cost of providing the required care for the next 12 months \_\_\_\_\_