## FINANCIAL HARDSHIP FORM

Complete this form if you would like to apply to access your vMAPs Super benefit due to severe financial hardship. If you have any questions about this form please call your financial adviser, or call vMAPs Super on (03) 8622 1222, or email support@praemium.com.au.

#### vMAPs Super

Issued by Diversa Trustees Limited ("Trustee")
ABN 49 006 421 638 AFSL 235153
RSE Licence No L0000635 as trustee for Praemium SMA
Superannuation Fund (vMAPs Super) ABN 75 703 857 864
RSE Reg R1074352.

#### Part 1 - Important information

#### **Eligibility criteria**

In order to be eligible for your benefits to be paid on the basis of Severe Financial Hardship you must meet one of the following criteria:

#### Criteria 1:

- You are below the age of 55 plus 39 weeks;
- You have provided evidence that you are unable to meet reasonable and immediate family expenses; and
- You have provided evidence that you have been in receipt of eligible Commonwealth income support payments for a minimum continuous period of 26 weeks (i.e. Centrelink, Department of Veterans' Affairs).

#### Criteria 2:

- You are over the age of 55 plus 39 weeks;
- You are not gainfully employed on the date of the application; and
- You have provided evidence that you have been in receipt of eligible Commonwealth income support payments for a minimum continuous period of at least 39 weeks after reaching the age of 55 years.

#### Evidence to support your claim

Below is important information about the evidence you need to provide to support your claim.

- You must attach a Centrelink letter document number Q230 or Q251 or a letter from the relevant government agency paying your income support benefits (i.e. the Department of Veterans Affairs) confirming your eligibility. This letter must not be more than 21 days old.
- You must include bank statements demonstrating at least 1 month's worth of your most recent transactions. Where you have multiple bank accounts, you must provide the most recent month's worth of transactions for ALL your accounts.
- If you have a family loan or a loan from a friend, you will need to complete Part 7 of this form Statutory declaration for Family Loan from the lender advising the terms and conditions.
- Any outstanding debts that you want considered for the claim must not be more than 3 months old. Only amounts that are instantly payable will be considered by the Trustee (for example, if you have a total credit card debt of \$5000 outstanding, but only \$500 is owing immediately, the Trustee will only consider the \$500 for your claim).

If you do not satisfy the above requirements the Trustee will not be able to proceed with your claim for payment and your application will be declined.

#### Additional considerations

- If you are applying for release under Criteria 1, the Trustee may only release a single payment in any 12-month period. The minimum amount is \$1,000 (inclusive of tax), or the account balance if less than this. The maximum amount is \$10,000 (inclusive of tax).
- vMAPs Super may transfer your account to an Eligible Rollover Fund if your account balance is less than \$2,000.

Part 2 - Your details (please complete all fields)		
Title		
Given names	vMAPs Super member number	
Surname  Date of birth (DD/MM/YYYY)	Amount you wish to withdraw (inclusive of tax):  Full balance; or  \$ .00	
Street address	Name of bank	or institution receiving payment
Town or suburb	Name of accou	unt
State Postcode	Account numb	er
Telephone		
Email	Centrelink CRN* (where applicable)	
Age(s) of financial dependents (where applicable)	Tax File Numbe	er (XXX-XXX-XXX) ^
Is your spouse (tick one if applicable):  An employee  Self employed	Have you or your spouse/partner ever received, or are you expecting to receive, a redundancy package or workers compensation lump-sum payment?  No	
Unemployed	Yes, I/we r \$	received/expect to receive .00 on this date:
* We use your Centrelink CRN to confirm your eligibility requirements for		he hasis of Severe Financial Hardshin

<sup>\*</sup> We use your Centrelink CRN to confirm your eligibility requirements for withdrawing funds on the basis of Severe Financial Hardship.

^ Under the Superannuation Industry (Supervision) Act 1993 you are not obliged to disclose your Tax File Number; however, nondisclosure may have tax consequences.

#### Please specify your current after tax fortnightly income:

	Commonwealth Income Support Payments (e.g. Centrelink) (\$)	Other benefits (e.g. family allowance, child support payments) (\$)	Other income (\$)
You			
Your spouse/partner			
Your dependents			
Total			

# Part 3 - Your personal assets and liabilities

List any other financial assets with any funds or institutions (including superannuation, banking and investments):

Bank Account	\$
Shares (current value)	\$
Other superannuation	\$
Other assets/investments	\$
Real estate property (other than your primary residence)	\$
Of the above assets, state the amount you can access	\$

List your current fortnightly expenses (including you, your spouse/partner and any dependents):

	, I	Estimated amount per fortnight	Overdue amounts (due and payable immediately)
Rent/board	\$		<i>,</i>
Home loan repayments	\$		
Personal loan repayments	\$		
Credit card repayments (minimum monthly and arrears)	\$		
Food and household items	\$		
Utilities	\$		
Car running costs/travel expenses	\$		
Municipal and water rates	\$		
Insurance (home/contents, health, life, etc)	\$		
Education	\$		
Medical/dental	\$		
Any other outstanding bills (specify below)			
Other assets/investments	\$		
Other assets/investments	\$		
Other assets/investments	\$		
T	4		
Total	\$		

#### Part 4 - Verify your identity

You must provide certified copies of proof of your identity in order for your application to be considered.

#### Step 1 - select identification document(s)

Documents must verify your full name AND your residential address OR your date of birth. Select either one (1) document from List A or two (2) documents from List B.

#### List A - select one List B - select one in each category Australian Driver's Licence (must be Birth Certificate (issued by a State or Territory in Australia), **OR** current, show current residential Citizenship Certificate (issued by the Commonwealth of address and photograph) Australia), **OR** Australian Passport (either a current) Pension Card or Health Card (must be current and issued by passport or a passport that expired Centrelink entitling financial benefits) within the last 2 years) **PLUS** Proof of Age Card/NSW Photo Card Social Security notice issued by the Commonwealth, "State (must be current and show date of or Territory in the past 12 months containing your name and birth and photograph) residential address which records financial benefits provided to International Passport (current, you, OR containing a photograph and a Notice Issued by the Australian Tax Office within the past signature, and if not in English, twelve months that contains your name and residential address accompanied by a translation from a and records debts payable by you, OR professional translator accredited by the National Accreditation Authority Rates or Utilities notice issued in the last 3 months containing for Translators and Interpreters. your name and residential address and recording the provision

#### Step 2 - Have your documents certified

Documents must be certified by an authorised witness. Refer to Appendix A for a complete list of those eligible to certify documents. The certifier must:

of services to you/your address

- 1. Sight both the original proof of identity document and the copy and confirm that they are identical.
- 2. Sign each document and print their name and certifier classification (i.e. John Smith, Accountant).

### Part 5 - Declaration and authorisation

#### I declare that:

- The information provided is true and correct.
- I have read the vMAPs Super Product Disclosure Statement (PDS) and the Praemium Privacy Policy and agree to be bound by the terms of the PDS and Privacy Policy.
- I am aware that I may ask the Trustee for information that I reasonably require for the purpose of understanding my benefit entitlements in vMAPs Super including fees or charges that may apply to any withdrawal request and the effect of any withdrawal request on any entitlements (such as insurance cover) and I have either sought this information, or do not require such information.
- I authorise vMAPs Super to pay my benefit as instructed on this form and understand and acknowledge the implications and the effects of this transaction.
- I discharge the Trustee from all further liability in respect of the benefits paid.
- If I have insurance cover, I understand that such cover will cease for any event on or after the date the full account balance is paid.
- I understand that the withdrawal proceeds will be calculated in accordance with the governing rules applicable to vMAPs Super after all relevant information is received by vMAPs Super.

Signature Date (DD/MM/YYYY)

Part 6 - Statutory declaration		
Important: A statutory declaration must be made and signed before an authorised witness. Refer to Appendix A for a complete list of people who have authority to witness a statutory declaration.		
I,	(full name), of	
	(full address),	
do solemnly and sincerely declare that the information provided by me in the Appli Declaration is true and correct.	ication annexed to the Statutory	
I also declare that:		
<ul> <li>I am unable to meet my reasonable and immediate family living expenses, I from my home) which could (reasonably and realistically speaking) be used amount I am requesting to be released is necessary to meet this reasonable.</li> <li>I am aged 55 years and 39 weeks or more and I am not gainfully employed.</li> </ul>	or sold to cover this gap and the and immediate family expense; or	
I understand that a person who intentionally makes a false statement in a statutory under Section 11 of the Statutory Declarations Act 1959, and I believe that the statin every particular.		
Signature of applicant	Date (DD/MM/YYYY)	
Declared at		
in the state of .		
Signature of authorised witness	Date (DD/MM/YYYY)	
Name of authorised witness	Qualification	
Address		

**Note 1:** A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years - see Section 11 of the Statutory Declaration Act 1959.

**Note 2:** Chapter 2 of the Criminal Code applies to all offenses against the Statutory Declarations Act 1959 - see section 5A of the Statutory Declarations Act 1959.

# Part 7 - Statutory declaration for family loans This section is completed by a family member or friend (or other lend

This section is completed by a family member or friend (or other lender) who has provided a personal loan to you. A statutory declaration must be made and signed before an authorised witness. Refer to Appendix A for a complete list of people who have authority to witness a statutory declaration.

Provide details of the nature of the loan made to the member (i.e. loan purpose, terms, repayments, amount outstanding and any loan amount immediately payable):

Declaration		
I,	(full name), of	
	(full address),	
do solemnly and sincerely declare that the above information on the details and nature of the loan to the member is true and correct.		
I understand that a person who intentionally makes a false statement in a statutory under Section 11 of the Statutory Declarations Act 1959, and I believe that the statin every particular.		
Signature of person making the declaration	Date (DD/MM/YYYY)	
Declared at		
in the state of .		
Signature of authorised witness	Date (DD/MM/YYYY)	
Name of authorised witness	Qualification	
Address		

**Note 1:** A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years - see Section 11 of the Statutory Declaration Act 1959.

**Note 2:** Chapter 2 of the Criminal Code applies to all offenses against the Statutory Declarations Act 1959 - see section 5A of the Statutory Declarations Act 1959.

#### Appendix A - List of authorised certifiers

A statutory declaration under the Statutory Declarations Act 1959 as amended may be made only before:

- Member of the Commonwealth Parliament
- Member of the Legislative Assembly of the Australian Capital Territory
- Member of the Legislative Assembly of the Northern Territory
- Member of the Legislative Assembly of Norfolk Island
- Judge
- Magistrate
- Master of a Court
- Chief Executive Officer of a Federal Court
- Registrar or Deputy Registrar of a Court
- Clerk of a Court
- Clerk of Petty sessions
- Sheriff
- Sheriff's Office
- Bailiff
- Barrister
- Solicitor
- Registered Patent Attorney within the meaning of the Patents Act 1990
- Justice of the Peace
- Commissioner of Affidavit
- Notary Public
- Commissioner for Declarations
- Police Officer
- Registered Medical Practitioner
- Dentist
- Pharmacist
- Veterinary Surgeon
- Minister of Religion designated as an authorised marriage celebrant
- Civil Marriage Celebrant
- Holder of a Statutory Office
- Alderman or Councilor of a Municipal or Shire Council
- Senior Executive Service Officer of the Commonwealth Public Service
- Permanent Employee of the Commonwealth Government with 5 years service
- Senior Executive Service Officer of a Territory Public Service
- Permanent Employee of a Territory Government with 5 years service

- Senior Executive Service Officer of a Territory Public Service
- Permanent Employee of a Territory Government with 5 years service
- Permanent Employee of a Local Government with
   5 years service
- Office of the Australian Navy, the Australian Army, or the Australian Air Force within the meaning of the Defence Force Discipline Act 1982
- Non-Commissioned Officer within the meaning of the Defence Force Discipline Act 1982 with 5 years service
- Warrant Officer within the meaning of the Defence Force Discipline Act 1982 with 5 years service
- Full time Teacher at a school or tertiary education institution with 5 years service
- Registered Nurse or Enrolled Nurse with 5 years service
- Bank Manager
- Bank Officer with 5 years service
- Building Society Officer with 5 years service
- Credit Union Officer with 5 years service
- Registered Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Postal Manager
- Australian Postal Corporation Officer with 5 years service
- Person before whom a statutory declaration may be made under the law of the State or the Territory in which the declaration is made
- Australian Consular Officer or Australian
   Diplomatic Officer within the meaning of the Consular Fees Act 1985

#### Appendix B - Claim checklist

Please ensure you have attached all of the following to ensure your claim is assessed quickly:

A current Centrelink document number Q230 or Q251 (where receiving eligible income support payments), or a letter from the relevant government agency paying your income support benefits (such as the Department of Veterans Affairs) that is not more than 21 days old

Completed Statutory declaration(s)

A copy of your certified identification

A copy of your current bank statement(s) for all bank accounts held

Copies of all outstanding bills, invoices and letters of demand that you would like the Trustee to take into consideration in assessing your claim. The Trustee cannot accept ATO debts or bills associated with fines

Signed Declaration and Authorisation

Any other documentation that you would like the Trustee to consider when assessing your claim.

Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153, RSE L0000635 is the Trustee of Praemium SMA Superannuation Fund ABN 75 703 857 864 (Fund or vMAPs Super) and the issuer of interests in the Fund. You should consider the Product Disclosure Statement available at http://venturainvestments.com.au/pds.php when deciding whether to acquire, or to continue to hold, the product.