



Early release of super on compassionate grounds

Information Booklet and Application Guide

To request this document in an alternative format such as Braille, call us on 13 43 72 or use our Live chat service at gesb.wa.gov.au.



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1. Before you get started

Before you get started

Please take the time to read all of the information in this pack before completing and submitting your application. It is designed to help make sure you meet all the requirements and allows us to assess your application promptly. Incomplete applications or insufficient evidence may delay the assessment process or result in your application being declined.

There are certain conditions that you need to meet before you can access your super. These rules have been put in place to ensure that your super is only used to support you in your retirement, and 'preserve' your super until you reach your Commonwealth preservation age (or until certain other conditions are met). Your Commonwealth preservation age is dependent on your date of birth (see table below).

WA State Government legislation allows access to super in other limited circumstances, which include situations of extreme financial hardship or compassionate grounds.

Your date of birth	Commonwealth preservation age
Before 1 July 1960	55
1 July 1960 – 30 June 1961	56
1 July 1961 – 30 June 1962	57
1 July 1962 – 30 June 1963	58
1 July 1963 – 30 June 1964	59
After 30 June 1964	60

Accessing your super on compassionate grounds

There are very limited circumstances where super benefits may be released on specified compassionate grounds. These are defined in the *Superannuation Industry (Supervision) Regulations 1994*.

You can make a claim on one or more of the specified compassionate grounds:

- To make a payment on a loan to avoid foreclosure on your home
- To pay for modifications to your home and/or motor vehicle to meet any special needs if you or your dependant become severely disabled
- To pay for medical treatment or medical transport if you or your dependant are suffering from a life-threatening condition
- To pay for palliative care, including home care for you or your dependant
- To pay for funeral and other expenses associated with the death of a dependant

To determine whether we are able to release money, you will need to provide certified identity documents or use electronic identity verification. Benefits released early may be subject to tax.

Who is a dependant?

For super purposes, a dependant includes:

- **Your spouse**
 - Someone who is legally married to the applicant, or
 - A person who, although not legally married to the applicant, lives with the applicant on a genuine domestic basis
- **Your child/children**
 - The applicant's natural child
 - A child adopted under the relevant state or territory law relating to the adoption of children
 - A step-child, or
 - An ex-nuptial child of the applicant
- **Or anyone else who you have an interdependent relationship with**

If you apply to pay expenses for a dependant who is not defined as your spouse or child, you need to prove you are in an interdependent relationship.

An interdependent relationship includes a close personal relationship between two people which meets all of these conditions:

- The people live together
- One or both provides financial support to the other
- One or both provides domestic support and personal care to the other

There are a number of factors that may be relevant in assessing whether an interdependent relationship exists. For example, a relative may be your dependant if they rely on you for financial, domestic, personal and/or medical care.

How we assess your application

We assess applications for early release of super on compassionate grounds in accordance with the scheme rules and, where appropriate, against the *Department of Human Services Guidelines for Early Release of Benefits on Specified Compassionate Grounds 2004 (Guidelines)*.

These Guidelines specify the compassionate grounds under which we can approve early release of benefits and are consistent with Commonwealth government requirements as published by the Department of Human Services. To read more, visit humanservices.gov.au.



Release of funds to your account

We may approve a release if we are satisfied that you do not have the financial means to meet an expense arising from the above grounds.

We require up to 20 business days to assess your application and make payment. This may be longer if we need to request more information or we have questions about the documents provided in your application.

It is very important that you supply us with all the information necessary to support your application. If we do not have enough evidence to support the amount requested, we will either decline your claim or we may approve a lesser amount. Once your application has been approved, we may be unable to consider any further information.

What are the compassionate grounds?

You can apply on one or more of the following compassionate grounds:

1. Mortgage assistance

Mortgage assistance enables you to make a payment on the mortgage on your principal place of residence, to prevent your lender from repossessing or selling your home due to arrears on your mortgage.

A principal place of residence is one in which you live permanently or have lived for a considerable period of time. It is your settled or usual abode.

Mortgage assistance is not available for investment properties.

How much can be released for mortgage assistance?

We will assess an amount for release based on your personal circumstances. The maximum amount we can release in any 12-month period is the sum of three months of repayments plus the value of 12 months of interest on the outstanding balance of the loan. Arrears can not be greater than this amount.

For example, if your monthly repayments are \$1,200 and 12 months interest on your loan is \$9,600, the maximum you can request is $3 \times \$1,200 + \$9,600 = \$13,200$.

2. Medical (treatment or transport)

This is to help pay for medical costs, including dental treatment and the cost of transport to and from medical treatment, for you or your dependant.

3. Accommodating a disability

This is to help pay for modifications required to accommodate special needs if you or one of your dependants has a severe disability.

The modifications must be physical alterations to the structure of the home or vehicle or physical disability aids.

4. Palliative care for terminal illness

This is to help pay for expenses associated with palliative care for you or your dependants, in the case of terminal illness.

Examples of palliative care expenses:

- Accommodation costs of a hospice
- Cost of home palliative care
- Medication for palliative care

5. Death, funeral and burial expenses for your dependant

This is to help pay for expenses associated with death, funeral or burial if your dependant has recently died.

Examples of funeral or burial-related expenses:

- Cremation costs
- Fees for the funeral service
- The cost of a coffin/tomb
- Cemetery fees
- Death certificates
- Transport of deceased body to site of burial
- Autopsy costs
- Special cultural requirements

Ineligible expenses include venue hire or catering for a wake and headstone or memorial costs requested after the date of the burial or cremation.

Gold State Super members

If your application is successful, a discount factor may apply. In this case, the Contributory Service Component of your benefit is subject to a discount factor of 1.75% p.a. for every year you are under age 55. Before you proceed further, we strongly advise you contact your Member Services Centre on 13 43 72 to discuss your personal situation.

2. Eligibility

Eligibility

We can only approve a release of your super on compassionate grounds if you meet all of the four conditions listed below.

Condition 1	You are a citizen or permanent resident of Australia or New Zealand.
Condition 2	You can't afford to pay part or all of the expense without accessing your super. That is, you can't pay the expense by: <ul style="list-style-type: none">• Using your savings• Selling shares, investments or assets
Condition 3	You meet the eligibility requirements of the compassionate ground you're applying under: <ul style="list-style-type: none">• The specific requirements are outlined in the following sections
Condition 4	You provide all required supporting evidence, including unpaid invoices or quotes: <ul style="list-style-type: none">• See the 'Evidence required for your application' section on page 10• We can only approve compassionate release of super to help you with unpaid expenses

Are you eligible to claim release for mortgage assistance?

To be eligible, you must meet both of the following conditions:

Condition 1	The property must be your principal place of residence. <i>A principal place of residence is one in which you live permanently or have lived for a considerable period of time. It is your settled or usual abode.</i> Mortgage assistance is not available for investment properties.
Condition 2	You must be the named mortgagor of the property.

You are not eligible for a release if:

- You have outstanding loan or rates arrears but your home is not at risk of foreclosure or forcible sale
- It is your dependant's home at risk
- The threatened foreclosure or forcible sale is due to bankruptcy or family court proceedings
- The release won't stop action from the lender, such as foreclosure

Are you eligible to claim release for medical treatment?

To be eligible, you must meet both of the following conditions:

Condition 1	The treatment must be certified by two medical practitioners (at least one of whom must be a specialist) as medical treatment which is necessary for one or more of the following: <ul style="list-style-type: none">• Treatment for life-threatening illness or injury <i>A life-threatening illness is a medical condition where, within a 12-month time frame, there is a likelihood of severe degeneration or death.</i>• Alleviate acute or chronic pain <i>Acute means a rapid progress or onset of a condition suggesting urgency of treatment.</i> <i>Chronic means a condition having indefinite duration or less rapid change. Pain of at least three months duration which may have been stable for some time.</i>• Alleviate an acute or chronic mental health issue
Condition 2	The medical treatment you or your dependant need is not readily available through the public health system.

Are you eligible to claim release for medical transport?

To be eligible, you must meet the following condition:

Condition 1	<p>The treatment must be certified by two medical practitioners (at least one of whom must be a specialist) as medical treatment which is necessary for one or more of the following:</p> <ul style="list-style-type: none">• Treatment for life-threatening illness or injury <i>A life-threatening illness is a medical condition where, within a 12-month time frame, there is a likelihood of severe degeneration or death.</i>• Alleviate acute or chronic pain <i>Acute means a rapid progress or onset of a condition suggesting urgency of treatment.</i> <i>Chronic means a condition having indefinite duration or less rapid change. Pain of at least three months duration which may have been stable for some time.</i>• Alleviate an acute or chronic mental health issue
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The transport method can be by land, water or air.

Examples:

- Taxi
- Ambulance
- Plane
- Purchase of a reliable second hand motor vehicle
- Repairs to an existing motor vehicle, to ensure it is roadworthy

We will need to be satisfied that there are no alternative forms of transport available to you.

Are you eligible to claim release for modifications to accommodate a severe disability?

To be eligible, you must meet both of the following conditions:

Condition 1	<p>A registered medical professional must confirm that you or your dependant has a severe disability and needs specific modifications to their home or motor vehicle or requires specific physical aids to meet the needs of a disabled person.</p> <p><i>A severe disability refers to a severe physical or mental impairment which either temporarily or permanently seriously limits one or more functional capabilities such as mobility, communication and self-care, causing substantial functional limitation in everyday activities.</i></p>
Condition 2	<p>If claiming for modification to a home, the property must be your principal place of residence.</p> <p><i>A principal place of residence is one in which you live permanently or have lived for a considerable period of time. It is your settled or usual abode.</i></p>

Are you eligible to claim release for palliative care for terminal illness?

To be eligible, you must meet the following condition:

Condition 1	<p>A registered medical professional must confirm that you or your dependant have a terminal illness and the need for palliative care.</p> <p><i>Terminal illness refers to an illness or injury that is likely to result in death within 24 months.</i></p>
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Are you eligible to claim release for death, funeral or burial expenses for your dependant?

To be eligible, you must meet the following condition:

Condition 1	<p>The deceased must be your dependant. Please see the 'Who is a dependant' section on page 4 for more information.</p>
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3. Evidence required for your application

Evidence required for your application

What evidence is required to release for mortgage assistance?

A letter or legal notice from your lender, on official letterhead that is no more than 30 days old, which states:

- The name of the mortgagor (this must be you)
- The value of current arrears
- The value of three months of repayments for the loan
- The value of 12 months' interest on the outstanding balance of the loan
- That if the arrears amount is not paid within a specific time frame, the lender will foreclose the mortgage, take possession of, or sell your property
- The lender will accept any amount greater than the current arrears as future repayment
- Full street address of the mortgaged property
- Name, BSB and account number of the loan account

A photocopy of your bank statement with your BSB and account details.

Electronic verification of your identity or a certified copy of your identification documents as set out in the 'Proof of identity' information on page 12 and available at gesb.wa.gov.au/factsheets.

If we do not receive all of the above information, we may not be able to assess your eligibility and your application may be declined.

If we are not satisfied that you need mortgage assistance or find that the release would not prevent the lender from taking further action, such as foreclosure, your application will be declined.

What evidence is required to release for medical treatment?

Two 'Medical report' forms (included in the forms section of the pack):

- One completed by a registered medical **specialist**
- A second completed by either a:
 - Registered medical practitioner
 - Registered medical specialist

Each medical report must be completed, signed and dated less than six months before you submit your application.

Copies of any unpaid invoices from medical transport providers:

- Unpaid invoices can be no older than 30 days (from the date of your application)

Estimates of treatment costs for the near future, up to a maximum period of 12 months.

- Quotes must be:
 - No older than six months (from the date of your application)
 - Provided by each specific service provider (e.g. doctor, anaesthetist, hospital)
 - Itemised, showing the amount and description of each component

If you are receiving workers' compensation, please provide a copy of your agreement.

A photocopy of your bank statement with your BSB and account details.

Electronic verification of your identity or a certified copy of your identification documents as set out in the 'Proof of identity' information on page 12 and available at gesb.wa.gov.au/factsheets.

If we do not receive all of the above information, we may not be able to assess your eligibility and your application may be declined.

You need to provide evidence of all the expenses that you are claiming. Any expenses that are not supported by quotes or unpaid invoices from service providers will not be considered.

What evidence is required to release for medical transport?

Two 'Medical report' forms (included in the forms section of the pack):

- One completed by a registered medical **specialist**
- A second completed by either a:
 - Registered medical practitioner
 - Registered medical specialist

Copies of unpaid invoices from medical transport providers:

- Unpaid invoices can be no older than 30 days (from the date of your application)

A written estimate of the cost if it has not yet been incurred, which could be from a travel agent, doctor or airline, depending on the type of transport:

- Quotes can be no older than six months (from the date of your application)
- If this is not available, you need to provide a Statutory Declaration detailing the mode of transport and the destination

Advice of any cover available for medical transport under workers' compensation.

A photocopy of your bank statement with your BSB and account details.

Electronic verification of your identity or a certified copy of your identification documents as set out in the 'Proof of identity' information on page 12 and available at gesb.wa.gov.au/factsheets.

If we do not receive all of the above information, we may not be able to assess your eligibility and your application may be declined.

You need to provide evidence of all the expenses that you are claiming.

What evidence is required to release for modifications to accommodate a disability?

One 'Medical report' form (included in the forms section of the pack), completed by a registered medical practitioner.

- Copies of quotes or unpaid invoices (including ABN of the supplier) for all expenses that you are claiming:
- Unpaid invoices can be no older than 30 days (from the date of your application)
- Quotes can be no older than six months (from the date of your application)

A photocopy of your bank statement with your BSB and account details.

Electronic verification of your identity or a certified copy of your identification documents as set out in the 'Proof of identity' information on page 12 and available at gesb.wa.gov.au/factsheets.

If we do not receive all of the above information, we may not be able to assess your eligibility and your application may be declined.

You need to provide evidence of all the expenses that you are claiming. Any expenses that are not supported by quotes or unpaid invoices from service providers will not be considered.

What evidence is required to release for palliative care for terminal illness?

One 'Medical report' form (included in the forms section of the pack), completed by a registered medical practitioner.

- Copies of quotes or unpaid invoices (including ABN of the supplier) for all expenses that you are claiming:
- Unpaid invoices can be no older than 30 days (from the date of your application)
- Quotes can be no older than six months (from the date of your application)

A photocopy of your bank statement with your BSB and account details.

Electronic verification of your identity or a certified copy of your identification documents as set out in the 'Proof of identity' information on page 12 and available at gesb.wa.gov.au/factsheets.

If we do not receive all of the above information, we may not be able to assess your eligibility and your application may be declined.

You need to provide evidence of all the expenses that you are claiming. Any expenses that are not supported by quotes or unpaid invoices from service providers will not be considered.

What evidence is required to release for death, funeral or burial expenses for your dependant?

A copy of the death certificate, or a letter from your dependant's medical practitioner confirming that they have passed away. The letter should be signed and dated no older than six months and include the medical practitioner's qualifications.

A copy of the quote or unpaid invoice, including all expenses that you are claiming:

- Unpaid invoices can be no older than 30 days (from the date of your application)
- Quotes can be no older than six months (from the date of your application)

Evidence of your dependent relationship with the deceased.

A photocopy of your bank statement with your BSB and account details.

Electronic verification of your identity or a certified copy of your identification documents as set out in the 'Proof of identity' information on page 12 and available at gesb.wa.gov.au/factsheets.

If we do not receive all of the above information, we may not be able to assess your eligibility and your application may be declined.

You need to provide evidence of all the expenses that you are claiming. Any expenses that are not supported by quotes or unpaid invoices from service providers will not be considered.

Proof of identity

We need to confirm your identity before you can access your superannuation benefit under compassionate grounds. Following the steps below will help speed up the application process and give your personal information added security and protection.

You will need to certify your identity with each application to prove you are the person who owns the superannuation entitlements.

Two ways to provide your proof of identity

You can prove your identity by sending us certified copies of identity documents or through electronic verification.

Electronically

If electronic identity verification is available on the form you are using (this will be noted in the 'Provide proof of your

identity' section of the form if relevant), you can simply provide details of any two of your:

- Medicare card
- Driver's license
- Australian passport

With this method, you don't need to provide printed copies of documents. We will verify your details electronically using an identity verification provider.

By post

To prove your identity using certified copies of identity documents, see the steps on the following pages.



Step 1 Provide acceptable documents

One document from list A **OR** one document **EACH** from list B and list C.

When applying for the early release of your super under compassionate grounds, we need to confirm your date of birth. When using documents from list B and list C, please ensure at least one of these documents display your date of birth.

List A

- Current Australian driver's licence with your photograph and signature or equivalent from a foreign country
- Current ¹ passport², showing your name, date of birth, photograph and signature
- Proof of age card³

List B

- Birth certificate or birth extract²
- Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits

List C

OR

- Notice issued by Commonwealth, State or Territory, no older than 12 months, that contains your name and residential address and records the provision of financial benefits under the law of the Commonwealth, State or Territory. For example, letter from Centrelink
- Notice issued by the Australian Taxation Office (ATO), no older than 12 months, that contains your name and residential address and records a tax debt payable to or by you. For example, Notice of Assessment from the ATO
- Notice issued by a local government body or utilities provider, no older than three months, that contains your name and residential address and records the provision of services to you. For example, rates notice from local council or a water bill

Step 2 Find someone to certify your documents

If you are submitting certified documents to us, please note they must have been certified within 12 months of the date of receipt by us.

Documents are certified by a person who is authorised as a witness for statutory declarations under the *Oaths, Affidavits and Statutory Declarations Act 2005*. The professions that can witness statutory declarations include:

- | | | | |
|------------------------------------|--|--------------------------------|----------------------------------|
| • Academics – university faculties | • Chiropractor | • Local government councillors | • Post office managers |
| • Accountant – as per the Act | • Defence force officer | • Loss adjusters | • Psychologist |
| • Architects | • Dentist | • Marriage celebrants | • Public notary |
| • Auditors and liquidators | • Doctors | • Members of parliament | • Public servants (Commonwealth) |
| • Australian consular officers | • Electorate officers (state) | • Minister of Religion | • Public servants (state) |
| • Australian diplomatic officers | • Engineers | • Nurses | • Real estate agents |
| • Bank managers | • Industrial organisation secretaries | • Optometrists | • Settlement agents |
| • Chartered secretaries | • Insurance brokers | • Patent attorney | • Surveyor |
| • Chemists/pharmacists | • Justice of the Peace | • Physiotherapists | • Teachers |
| | • Lawyers | • Podiatrists | • Veterinary surgeons |
| | • Local government CEO's and deputy chiefs | • Police officer | • WA police service |

In addition, the following professions can also certify copies of your original documents as true copies:

- A permanent employee of Australia Post with two or more years of continuous service who is employed in an office supplying postal services to the public
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years' continuous service

The person certifying your documents should not be a family member or relative.

- 1 The sole exception to the expired document rule is a passport. An expired passport is a valid identification document provided it has been expired for less than two years.
- 2 If your passport or birth certificate/extract is not in English, it must be accompanied by an English translation prepared by an accredited translator. If your passport is not an Australian passport it must include your signature.
- 3 A card issued under a law of a State or Territory for the purpose of proving the person's age, which contains a photograph of the person in whose name the document is issued.

Who can certify my documents while I am not in Australia?

Persons authorised to certify documents outside Australia include the following:

- Australian consular officer
- Australian diplomatic officer
- Employee of the Australian Trade Commission
- Employee of the Commonwealth, and
- Any person having authority to administer an oath in that place

Step 3 Have your documents certified

All copied pages of original proof of identification documents (including any linking documents) need to be certified as true copies by someone who is approved to do so.

The authorising person must sight the original document and include the following details on the copies:

- Stamp or write 'I certify this is a true copy of the original document' on each page

Followed by their:

- Printed name
- Signature
- Qualification (e.g. Justice of the Peace) and
- Date

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking document
Change of name	Marriage certificate, deed poll or change of name certificate from Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Western Australian Enduring Power of Attorney or duly appointed administrator ⁴

If your Enduring Power of Attorney was made interstate or overseas you need to obtain an order from the Western Australian State Administration Tribunal to confirm your power of attorney can be used in Western Australia.

If you need more information, please contact your Member Services Centre on 13 43 72.

Confirming your bank account details

To help protect your money, we need an approved bank⁵ document to accompany **each** payment request.

This protects your money against:

- Mistakes – incorrect bank details being passed to us
- Fraud and theft – attempted deposit of super money into an account other than your own

Details you need to provide

The documentation you provide must be produced by your bank and include the following details:

- Bank name
- BSB number
- Account number
- Account name – your full name (initials only are not acceptable) or the full names of both account holders if it is a joint account

Acceptable documents

You must provide **one** of the following documents:

- Bank statement⁶ (if you are providing an internet bank statement, it must show your bank name and logo. If it doesn't, you must add your signature, printed name and date to the page)
- Letter printed on bank letterhead with the required account details
- An interim bank statement produced with a teller's stamp
- A copy of a cheque which is attached to your bank account

Unacceptable documents

Below are examples of documents that won't be accepted and include, but are not limited to, the following:

- Any document where the required details have been handwritten, even if a bank officer has written them (the bank must produce a document from their system to verify your account details)
- Copies of your payslip
- A bank deposit slip
- A copy of your bank card

⁴ Including an administrator, or joint administrators, appointed pursuant to the *Guardianship and Administration Act 1990* (WA) authorised to act in regard to financial matters. You or the administrator may be required to produce an order made by the State Administrative Tribunal of Western Australia duly appointing the administrator.

⁵ Includes building societies, credit unions and similar financial institutions.

⁶ We do not require the account balance or transaction record on your statement. Although the copy you provide must display the BSB, account number and full name.

4. How to apply

How to apply

Before you submit your application

It's important to make sure that accessing your super benefit early is the right financial option for you.

The amount of super you receive may be included in your taxable income, which can impact your financial situation.

We recommend that you obtain advice from a suitably qualified adviser before making an application for the early release of your super.

We also recommend that you contact Centrelink if you or your partner receives Centrelink payments. A release may impact any benefits you or your partner receives, including the Family Tax Benefit, Child Care Benefit or income support payments.

Submitting your application

Once you have decided to proceed and you have checked your eligibility, you will need to complete the necessary forms. The forms you may need are attached at the back of this brochure.

To complete the forms, you will need:

- Your member number (which appears on your member statement)
- Your tax file number
- Your bank account details and a copy of your bank statement or other documentation to confirm your account name and number

Checklist

- Read this Information Booklet and Application Guide fully
- Completed application Step 1: 'Personal details'
- Completed application Step 2: Provide proof of your identity
- Completed application Step 3: 'Financial statement'
- Completed application Step 4: 'Release request'
- Completed application Step 5: 'Compassionate grounds'
- Completed application Step 6: 'Statutory Declaration' and had it signed by an authorised witness (please note this must be received by GESB within 30 days of being signed to be valid)
- Completed application Step 7: 'Authorisation'
- Completed application Step 8: 'Declaration'
- Provided ALL supporting evidence required, as outlined in the 'Evidence required for your application' section, starting on page 10
- Provided a photocopy of your bank statement with your BSB and account details
- Provided electronic verification of your identity or a certified copy of your identification documents as set out in the 'Proof of identity' information on page 13 and available at gesb.wa.gov.au/factsheets.

Note: some pieces of evidence you provide, such as a bank statement, may satisfy more than one part of the application.

Please send all of the above documentation to:

GESB
Reply Paid J 755
Perth WA 6842

If you have not provided the above, or if the information is out of date, we will contact you to provide the required information.

Note: we have a privacy statement to explain how we handle private information about individuals responsibly.

Our privacy statement is available at gesb.wa.gov.au/privacy or can be obtained by contacting your Member Services Centre on 13 43 72.

Step 1 Personal details

GESB member number

Mr Mrs Miss Ms Other

Last name

Given name(s)

Date of birth

 / /

Residential address

Postcode

Postal address (if different from residential)

Postcode

Mobile phone number

Work phone number

 ()

Please list your dependants below. If you have more than four dependants, attach a separate list.

Spouse name

Relationship to you

Age

Dependant 1 name

Relationship to you

Age

Dependant 2 name

Relationship to you

Age

Dependant 3 name

Relationship to you

Age

Dependant 4 name

Relationship to you

Age

What is a dependant?

Broadly speaking, your dependants are:

- Your spouse (including another person who lives with you on a genuine domestic basis in a de facto relationship)
- Your children, and/or
- Anyone else with whom you have an interdependent relationship (see page 4 of this booklet)

This means that relatives may only be dependants if they rely on you for financial, domestic and/or personal support.



What is your residency?

Australian citizen New Zealand citizen Permanent Australian resident

Temporary Australian resident Other (please specify):

Australian and New Zealand citizens, permanent residents of Australia or holders of retirement visa (subclass 405 or 410) are eligible to apply for early release of super on compassionate grounds. If you are visiting Australia on a temporary visa (excluding subclasses 405 and 410), you may not be eligible for the early release of your super on compassionate grounds. You should contact the Australian Taxation Office for further information.

Proof of identity

Step 2 Provide proof of your identity

Please complete (✓) one of the options below.

Option 1 – I want to use electronic verification

By giving you my Medicare, driver's licence or Australian passport details below, I authorise the use of my personal details on this form for the purpose of electronic data verification. I understand that my information will be checked against relevant official record holder information and an information match result will be provided using an identity verification provider.

Any **TWO** of the following:

1. Full name as appears on my Medicare card

My Medicare number is

Valid to My reference number on this cards is

2. Full name as appears on my driver's licence

Licence number

Card number* * Please note, this is different to your licence number.

State of issue

Expiry date

3. My Australian passport number is

Place of birth (as shown on your passport)

Country of birth (**not** shown on your passport)

Family name at birth (**not** shown on your passport)

Option 2 – I want to attach paper copies of certified documentation

I have attached certified copies of my proof of identity to this form. Please ensure that you provide photocopies of your **original** identification documents and that they are correctly certified. **Each page must be certified as a true copy.** The documents we receive from you must have been certified and dated within the last 12 months. Undated documents will not be accepted. For instructions on who can certify documents, go to gesb.wa.gov.au/proofofid.

Please complete the following fortnightly Financial statement in full. It is important to provide sufficient information for an accurate assessment of your financial position. Please provide recent evidence of your income and assets, e.g. pay slips, bank statements, etc.

Fortnightly income (net of tax)

Primary income earner	\$ <input type="text"/>
Secondary income earner	\$ <input type="text"/>
Other person(s) contributing income ¹	\$ <input type="text"/>
Centrelink payment 1	\$ <input type="text"/>
Centrelink payment 2	\$ <input type="text"/>
Child support	\$ <input type="text"/>
Rental income	\$ <input type="text"/>
Investment income	\$ <input type="text"/>
Any other income (e.g. investment earnings)	\$ <input type="text"/>
Total fortnightly income	\$ <input type="text"/>

Assets

Cash	\$ <input type="text"/>
Vehicles	\$ <input type="text"/>
Savings account(s)	\$ <input type="text"/>
Family business	\$ <input type="text"/>
Own home	\$ <input type="text"/>
Investment property	\$ <input type="text"/>
Shares/bonds	\$ <input type="text"/>
Household goods	\$ <input type="text"/>
Other (please list)	\$ <input type="text"/>

Please provide evidence of your expenses and liabilities, e.g. copies of recent bills and accounts. Discretionary spend amounts will be assessed differently to reasonable living expenses.

Fortnightly living expenses**Housing**

Rent/board	\$ <input type="text"/>
Mortgage	\$ <input type="text"/>
Water rates/consumption	\$ <input type="text"/>
Council rates	\$ <input type="text"/>
Insurance	\$ <input type="text"/>
Home maintenance	\$ <input type="text"/>
Garden	\$ <input type="text"/>

Utilities

Electricity	\$ <input type="text"/>
Gas/wood	\$ <input type="text"/>
Telephone: home	\$ <input type="text"/>
Telephone: mobile	\$ <input type="text"/>
Internet	\$ <input type="text"/>

Household

Food/groceries	\$ <input type="text"/>
Take away/dining out	\$ <input type="text"/>
Lunches	\$ <input type="text"/>

Other expenses

Clothing	\$ <input type="text"/>
Hairdresser	\$ <input type="text"/>
Gambling/lotto	\$ <input type="text"/>
Cigarettes	\$ <input type="text"/>
Alcohol	\$ <input type="text"/>
Rental of household items	\$ <input type="text"/>
Sports/hobbies	\$ <input type="text"/>
Entertainment	\$ <input type="text"/>
Pocket money	\$ <input type="text"/>
Personal spending	\$ <input type="text"/>
Child support	\$ <input type="text"/>
Gifts	\$ <input type="text"/>
Pets	\$ <input type="text"/>
Bank fees	\$ <input type="text"/>
Subscriptions	\$ <input type="text"/>
Holidays	\$ <input type="text"/>
Personal insurance/super	\$ <input type="text"/>
Total fortnightly living expenses	\$ <input type="text"/>

¹ Any other salary or wage earner residing at your principal place of residence who reasonably ought to be able to contribute to the household running costs.

Fortnightly payments

Please convert any alternative frequency amounts (e.g. monthly/quarterly/annually) into fortnightly.

Medical		Creditor	Fortnightly payment	Balance outstanding
Doctor/dental	\$ <input type="text"/>	Finance companies		
Insurance/ambulance	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Chemist	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Transport		<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Petrol/parking	\$ <input type="text"/>	Credit cards		
Maintenance	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Registration/insurance/licence	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bus/train/taxi	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education		<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Fees/uniforms	\$ <input type="text"/>	School fees	\$ <input type="text"/>	\$ <input type="text"/>
Books	\$ <input type="text"/>	Car repayments	\$ <input type="text"/>	\$ <input type="text"/>
Play group	\$ <input type="text"/>	Other		
Daycare	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
		<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
		<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
		<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
		<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
		Total fortnightly payments	\$ <input type="text"/>	\$ <input type="text"/>

Please convert any alternative frequency amounts (e.g. monthly/quarterly/annually) into fortnightly.

Step 4 Release request

1. Please provide reasons for applying for the early release of your super benefits.

2. Indicate the amount you're applying to withdraw. This is the amount you need to meet expenses arising from the ground for which you are making this application. Withdrawals may be subject to taxation.

<input type="text"/>	(net of taxation)
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I (insert name) give permission for the following people to be contacted for the purpose of assessing this application.

These people should be able to provide information regarding your financial circumstance.

Name	Relationship	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
What can be discussed		
<input type="text"/>		

Name	Relationship	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
What can be discussed		
<input type="text"/>		

We will need to contact you if you have not provided all of the required information.

Please ✓ the ground under which you are applying for a release of benefits:

1. Mortgage assistance
2. Medical (treatment or transport)
3. Accommodating a disability
4. Palliative care for terminal illness
5. Death, funeral or burial expenses for your dependant

Please ensure you have read the '**Information Booklet and Application Guide**' and understand the rules and the information you need to provide.

Applicants applying on compassionate ground 1 (mortgage assistance) only

I authorise GESB to deposit any funds released into my loan account (details below).

I understand I need to make arrangements for future repayments with my lender.

I give permission for staff of the mortgagee (the lender) to be contacted for the purpose of helping to assess this application.

Your signature

Date

x

/ /

Applicants applying on compassionate grounds 2–5

Please ✓ appropriate box:

Is workers' compensation paying for the expense? Yes No

Step 6 Statutory Declaration

1. Insert the name, address and occupation of the person making the declaration below:

I,
of

do solemnly and sincerely declare that I have read the compassionate grounds application in its entirety and the information provided by me in the application attached to this Statutory Declaration is true and correct.

I also declare that I do not have the financial capacity to meet expenses arising from the ground for which I am making this application.

I also declare that the amount I am requesting to be released is necessary to meet my claim on compassionate grounds and that I have not sought a similar claim from other super accounts I may have.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

I make this solemn declaration by virtue of the *Oaths, Affidavits and Statutory Declarations Act 2005* as amended and subject to the penalties provided in that Act for the making of false statements in the Statutory Declaration, conscientiously believing the statements contained in the declaration to be true in every particular.

2. Ordinary signature of declarant.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005* at:

Place	Date	Your signature
<input type="text"/>	on <input type="text"/> / <input type="text"/> / <input type="text"/>	by <input type="text"/>

in the presence of:

Signature of authorised witness	Name of authorised witness
<input type="text"/>	<input type="text"/>

Qualification of authorised witness

Please note: under the *Criminal Code Act 1913*, any person who knowingly makes a statement that is false in a material particular in a Statutory Declaration is guilty of a crime and is liable to imprisonment for five years. If the offence is prosecuted summarily, the penalty is imprisonment for two years and a fine of \$24,000.

The following people can sign the Statutory Declaration:

- Chiropractor
- Legal practitioner
- Nurse, optometrist
- Patent attorney
- Dentist
- Medical practitioner
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon
- Employed teacher

The Department of Justice website provides a list of professionals that can witness a Statutory Declaration. You can find this information at wa.gov.au/organisation/department-of-justice/court-and-tribunal-services.

Step 7 Authorisation

If any funds are released, I authorise GESB to deposit the funds into my bank account or mortgage account (for mortgage assistance only).

Your signature

Date

Your bank details

Bank name

Branch address (suburb only)

BSB number

 -

Account number

Account name

Please attach a photocopy of your bank statement to confirm your BSB number, account name and number.

If you are providing an internet bank statement, it must show your bank name and logo. If it doesn't, you must add your signature, printed name and date to the page.

This information will be used solely for making payments to your bank account if you are successful in obtaining an early release of super benefits.

I request that you process my request for early release of super benefits in accordance with my instructions and the requirements of the relevant Act and Regulations.

Step 8 Declaration

I certify the details on this application to be true and accurate.

I certify that I will use the money released from my super fund for the purpose for which it has been released.

Your signature

Date

Note: we have a privacy statement to explain how we handle private information about individuals responsibly. Our privacy statement is available at gesb.wa.gov.au/privacy or can be obtained by contacting your Member Services Centre on 13 43 72.

 **How to contact us**

T Member Services Centre 13 43 72

F 1800 300 067

W gesb.wa.gov.au

PO Box J 755, Perth WA 6842

This form must be completed by a registered medical practitioner or specialist.

Section A Applicant's details

1. GESB member number

2. Name

Mr Mrs Miss Ms Other

Last name

Given name(s)

3. Date of birth

 / /

4. Postal address

Postcode

5. Mobile phone number

Work phone number

 ()

Patient's details (please complete if the patient's details are different to the applicant's)

1. Name

Mr Mrs Miss Ms Other

Last name

Given name(s)

2. Date of birth

 / /

3. Postal address

Postcode

4. Mobile phone number

Work phone number

 ()

Patient's consent

I, the patient consent for my medical information contained in this report to be provided to GESB

Your signature, or authorised representative's signature (if patient is unable to sign)

 x

Section B Application details – Medical practitioner or specialist to complete

5. Under which compassionate ground is release of benefits being claimed?

- Medical (treatment or transport) ► go to **section C**
- Accommodating a disability ► go to **section D**
- Palliative care for terminal illness ► go to **section E**

Section C Medical (treatment or transport)

The treatment must be for an existing medical condition.

6. If applying for medical treatment and/or transport to treatment, select why the medical treatment is needed.

- Treatment for life-threatening illness or injury
A life-threatening illness is a medical condition where, within a 12-month time frame, there is a likelihood of severe degeneration or death.
- Alleviate acute or chronic pain
Acute means a rapid progress or onset of a condition suggesting urgency of treatment.
Chronic means a condition having indefinite duration or less rapid change. Pain of at least three months duration which may have been stable for some time.
- Alleviate an acute or chronic mental health issue
- None of the above – the applicant is not eligible under this category

7. What is the medical condition?

8. What is the medical treatment required?

If patient is applying for transport only – go to **question 11**

9. Can the patient access this medical treatment through the public health system?

- Yes ► go to **question 10**
- No ► go to **question 11**

10. Is it necessary for the patient to have treatment before it is readily available in the public health system?

- Yes ► provide details below

- No ► the applicant is not eligible under this category

11. If the patient requires transport to access the medical treatment, provide details for each treatment location.

Treatment location 1

Address where the treatment is provided

How long will the patient require treatment at this location? (The maximum period considered is 52 weeks)

How often must the patient attend medical treatment at this location? Insert number and circle appropriate time period

 Times per week / month / year

Treatment location 2

Address where the treatment is provided

How long will the patient require treatment at this location? (The maximum period considered is 52 weeks)

How often must the patient attend medical treatment at this location? Insert number and circle appropriate time period

Times per week / month / year

Treatment location 3

Address where the treatment is provided

How long will the patient require treatment at this location? (The maximum period considered is 52 weeks)

How often must the patient attend medical treatment at this location? Insert number and circle appropriate time period

Times per week / month / year

Section D Accommodating a disability

12. Does the patient have a severe disability?

A severe disability refers to a severe physical or mental impairment which either temporarily or permanently seriously limits one or more functional capabilities such as mobility, communication and self-care, causing substantial functional limitation in everyday activities.

Yes ► go to **question 13**

No ► the applicant is not eligible under this category

13. What modifications or aids are necessary to accommodate the severe disability?

Section E Palliative care for terminal illness

14. Does the patient have a terminal illness?

Terminal illness refers to an illness or injury that is likely to result in death within 24 months.

Yes ► go to **question 15**

No ► the applicant is not eligible under this category

15. What is the palliative care required (e.g. homecare, hospice)?

Section F Medical practitioner or specialist supporting statement

The registered medical practitioner needs to be the regular treating doctor for this patient.

The registered medical specialist needs to be a specialist in the field of the medical treatment being categorised as a life-threatening illness or injury, acute or chronic pain, or acute or chronic mental health issue. Generally, a registered medical specialist should be able to comment on the appropriateness of the treatment and the medical condition being treated.

Provide additional comments to support the patient's application if required.

Section G Declaration by registered medical practitioner or specialist

Please place a ✓ in all applicable boxes

- I am a registered medical practitioner and the regular treating doctor for this patient
- I am a registered medical specialist in the field of treatment
- I have discussed the content of this report with the applicant/patient
- I declare that the information I am providing is complete and correct

Name of registered medical practitioner/specialist

AHPRA registration number

Practice address

Practice telephone number (include area code)

Field of specialty (mandatory for specialist)

Your signature

Date

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3. Date of birth

 / /

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Postcode

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Work phone number

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Mr Mrs Miss Ms Other

Last name

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