

Section 2 – Employment, income and expenses

14 Are you currently employed (including working for yourself)?

Yes

No

15 Are you receiving a benefit or payment from Centrelink?

No ► Go to 17

Yes ► Go to next question

16 As you are receiving a benefit or payment from Centrelink, you may be eligible for early release of your superannuation benefits without needing to go through APRA's assessment process.

Contact your superannuation fund/Retirement Savings Account or Centrelink to discuss this option. If you wish, you may also continue with this application.

17 The next 3 questions ask about your income and expenses on a *monthly* basis.

Taking into account *all* sources such as job(s), self-employment, Centrelink benefits and payments, rental income from investment properties and other investments like shares, what is your household's average income after tax?

Your household is you plus the people that you share living expenses with, such as a spouse/partner, children, parents and other relatives.

\$.∞ per month

18 What is your household's current minimum repayment amount, per month for each of the following lines of credit?

If a particular line of credit listed below is not something that your household has, write "0".

Home loan \$.∞ per month

Personal or car loan(s) \$.∞ per month

Store or credit card(s) \$.∞ per month

Business loan(s) \$.∞ per month

Investment loan(s) \$.∞ per month

Other loan(s) \$.∞ per month
e.g. from family and friends

19 On average, how much does your household spend on each of the following expenses each *month*?

If a particular expense listed below is not something that your household spends money on, write "0".

Rent and board \$.∞ per month

Land/council rates and body corporate fees \$.∞ per month

Water, gas and electricity \$.∞ per month

Telephone and internet \$.∞ per month

Food \$.∞ per month

Transportation \$.∞ per month
Including vehicle running costs and public transport but not any car loans

Medical costs \$.∞ per month
e.g. doctor's fees, medication and private health insurance

Other expenses \$.∞ per month
Including childcare, school fees, home insurance and cost of running a business

20 What is the approximate value of all the motor vehicles that your household has?

\$.∞

21 What is the approximate value of all your household goods (*excluding* the home itself)?

\$.∞

22 What is the approximate value of any other assets you have, such as shares, bonds and investment properties?

\$.∞

23 How much money do you have deposited in accounts or investments held by financial institutions?

"Financial institutions" includes places like banks, credit unions and building societies.

\$.∞

Section 3 – Relationships

24 What is your *current* marital status?

“De facto” means that you have been living together as spouses on a genuine domestic basis, but are not legally married.

Married/de facto

Separated/divorced

Widowed

None of the above

25 Do you have any *dependant* children?

“Dependant” children rely on you for financial, domestic or personal support. If all of your children live independently from you—e.g. are grown and live in their own home—tick “no”.

No ► Go to 27

Yes ► Go to next question

26 Please give the names and ages of your *dependant* children

If you have more than 3 dependant children, give the names and ages of the 3 youngest children here and attach a sheet with the names and ages of your other dependant children.

Name of 1st dependant child

Name of 2nd dependant child

Name of 3rd dependant child

Age of 1st dependent child

 years old

Age of 2nd dependent child

 years old

Age of 3rd dependent child

 years old

27 Other than your current or previous partner(s) and your children, is anyone else dependent on you for financial, domestic or personal support?

No ► Go to 29

Yes ► Go to next question

28 What are the relationships between those other dependant people and yourself?

For example, “I am her daughter”, “they are old friends” or “they are part of my extended family”.

29 Have any of your dependant(s)—current and previous partner(s), children and others—ever applied to APRA for early release of superannuation benefits, or are applying with you now?

Yes ► Go to 30

No ► Go to Section 4 on the next page

Not applicable ► Go to Section 4 on the next page

Don't know ► Go to Section 4 on the next page

30 For each dependant—current and previous partner(s), children and others— who has applied to APRA for early release of superannuation benefits before, or is applying with you now, please provide their name and, if they have one, their APRA application reference number.

APRA reference numbers are written “ROB YY/Z”. “YY” is the last two digits of the year you applied—e.g. “06” for 2006—and “Z” is the number between 1 and 30,000 assigned to you in the year you applied.

Name

Application reference number

Name

Application reference number

Section 4 – Superannuation details

APRA does not have any access to information about your superannuation other than what you give us in this section of the form. We cannot approve early release of benefits without this information.

The next 2 pages ask you for your superannuation details. Provide the details for your first fund on this page—there is space on the next page for you to include information on additional funds (from here on we will use the term “superannuation fund” to refer to **both** funds **and** Retirement Savings Accounts).

Note that if you do have more than one fund, we will use the *order* in which you provide details on this form to decide how benefits will be paid. That is, if you have nominated more than one fund and your application is approved, the benefits will be drawn first from the fund described on this page, then from the second fund (on the next page) and so on.

31 What is the *full* name of the *first* superannuation fund from which you want early release of benefits?

Please give the full name of the fund, not just the name of the organisation that owns the fund. For example, if your fund is called “XYZ Flexible Lifetime Super”, write this name in full rather than just “XYZ”.

We need this because most superannuation organisations offer more than one fund.

32 What is your member number for that superannuation fund?

Your member number identifies you as a customer with money in that superannuation fund.

33 What is the Australian Business Number (ABN) for that superannuation fund?

An ABN is an 11-digit number that identifies a business entity, in this case a superannuation fund.

It is often written XX XXX XXX XXX (e.g. 79 635 582 658).

34 How much money do you currently have in this superannuation fund?

We need to know the exact balance of your account, not an estimate. If you don't know the exact balance, you can usually get this information by calling your superannuation fund.

35 How much money do you want to have *released* from this superannuation fund?

Please be aware that superannuation benefits which are released early usually attract tax of approximately 21.5%. This means that the maximum you can have released will be 78.5% of the current balance.

Your superannuation fund may also charge you a fee for withdrawal. Contact your fund for more information.

36 Do we have your permission to discuss your application for early release of benefits with this superannuation fund, if needed?

Yes

No

Second and third superannuation fund

If you have more than one fund from which you want early release of benefits, enter the details of the second and third funds here. Otherwise, go to Section 5 on the next page.

	2nd fund	3rd fund
37 What is the <i>full</i> name of the superannuation fund from which you want early release of benefits?	<input type="text"/>	<input type="text"/>
38 What is your member number for that fund?	<input type="text"/>	<input type="text"/>
39 What is the Australian Business Number (ABN) for that fund?	<input type="text"/>	<input type="text"/>
40 How much money do you currently have in this superannuation fund? Remember, we need to know the exact balance of your account, not an estimate.	<input type="text" value="\$"/>	<input type="text" value="\$"/>
41 How much money do you want to have <i>released</i> from this superannuation fund?	<input type="text" value="\$"/>	<input type="text" value="\$"/>
42 Do we have your permission to discuss your application for early release with this fund, if needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

43 Are there other superannuation funds/Retirement Savings Accounts that you would like to release benefits from?

Yes ► Please provide the details of these funds on a separate sheet of paper.

No ► Go to Section 5 on the next page

Section 5 – Ground for your application (medical or dental)

44 Do you want to apply for early release of superannuation to help pay for medical or dental treatment for you or a dependant of yours?

- Yes Go to next question
No Go to 55 (next page)

45 For which of the following reasons is the treatment needed? To...

"Acute" means extremely severe; "chronic" means lasting a long time.

TICK ALL THAT APPLY

- treat a life-threatening illness or injury
alleviate acute or chronic physical pain
alleviate acute or chronic mental condition

46 How much of the treatment that you need/your dependant needs can be provided by the public health system?

"Public health system" refers to health care provided and paid for by the government, at places like public hospitals and bulk billing medical practices.

- All of it Go to next question
Some of it Go to next question
None of it Go to 48
Don't know Go to 48

47 How long is the wait to access the necessary treatment in the public health system?

- 3 months or less
More than 3 months but not more than 6 months
More than 6 months but not more than 12 months
More than 12 months
Don't know

48 Is any of the illness, injury, physical pain or mental condition related to the workplace?

- Yes
No
Don't know

49 How much of the treatment is covered by private health insurance that you and/or your dependant hold?

- All of it Go to next question
Some of it Go to next question
None of it Go to 51
Not applicable Go to 51
Don't know Go to 51

50 Is there a gap between the amount you have to pay and the amount covered by private health insurance?

- Yes
No
Don't know

51 Have you paid for any of the treatment already?

- Yes Go to next question
No Go to 53

52 Which of the following did you use to make payment for the treatment?

TICK ALL THAT APPLY

- Your own savings
Money borrowed from family and/or friends
A loan from a financial institution
A credit card
Some other means Please describe:

53 How much do you still owe for past treatment?

Write "0" if you don't have any unpaid bills for past treatment.

\$

54 How much will you have to pay for future treatment?

Write "0" if you don't think there will be any further treatment costs in the future.

\$

Section 6 – Supporting documentation

APRA is *legally obliged* to get particular written documents supporting your application, in order to assess it. You must provide these documents with your application: it will not be assessed until all the required documents are received. Sending in your application without all of the necessary supporting documentation will mean that *it will take longer for your application to be processed* than if you wait to get the documents and then send in everything at once.

Note that:

- you should provide us with *originals* rather than *copies* of these supporting documents—we can copy and return these original documents to you at your request; and
- all documents must be current and less than 6 months old; and
- depending on your specific circumstances, we may need to ask you for information additional to that given in your application form and supporting documentation.

If your answer to question 44 was “yes”, you must provide the following documents:

1. A letter/certificate from a registered doctor (e.g. general practitioner) or dentist; AND
2. A letter/certificate from a registered medical/dental specialist (in the speciality related to your/your dependant’s condition e.g. cardiologist, paediatrician or psychiatrist) that say:

“<Your name/your dependant’s name> is suffering from <a life threatening illness or injury/acute physical pain/chronic physical pain/an acute mental condition/a chronic mental condition> for which treatment is not readily available through the public health system.

“Please approve early release of <your name>’s superannuation benefits so that <they/their dependant> can access appropriate treatment for the aforementioned condition.”

Each letter/certificate must:

- be provided on letterhead from the doctor’s/dentist’s/specialist’s practice;
- be signed and dated by that doctor/dentist/specialist; AND
- clearly state the doctor’s/dentist’s/specialist’s full name and qualifications.

At least one of the above letters/certificates must state the frequency of the required treatment.

3. Receipts and unpaid bills for treatment(s), from the doctor, dentist, specialist or other service provider.
4. Quotes for the cost of future treatment(s), from the doctor, dentist, specialist or other service provider.
5. Credit card or personal loan statement(s) associated with these expenses.
6. IF you borrowed money from family or friends to pay for some of the treatment, the person/people you borrowed the money from need to provide Statutory Declaration(s) that state this and specify:
 - who you borrowed the money from;
 - when you borrowed the money;
 - how much you borrowed;
 - how much you still owe; and
 - when you have to pay back any money you still owe.

A Statutory Declaration, also called a “Stat Dec”, is a written statement declared to be true in the presence of an authorised witness, who is called a “signatory”. You can download a Stat Dec from the website of the Attorney-General’s Department at www.ag.gov.au/statdec. If you do not have access to the internet, call us on 1300 13 10 60 (or +61 2 6213 5298 from outside Australia) and we will send a Stat Dec out to you.

Therefore, if you are applying for early release of superannuation **to pay for medical or dental treatment for yourself/a dependant, you must submit a minimum of 3 documents:** 1 from each medical professional and at least 1 giving quote(s) and/or information about costs.

If your answer to question 55 was “yes”, you must provide the following documents:

1. A letter/certificate from a registered doctor (e.g. general practitioner) or dentist; AND
2. A letter/certificate from a registered medical/dental specialist (in the speciality related to your/your dependant’s condition e.g. cardiologist, paediatrician or psychiatrist) that say:

“<Your name/your dependant’s name> is suffering from <a life threatening illness or injury/acute physical pain/chronic physical pain/an acute mental condition/a chronic mental condition> and needs assistance to pay for <type of transport, e.g. the train or a new car> which will enable them to access treatment.

“Please approve early release of <your name>’s superannuation benefits so that <they/their dependant> can access the necessary transport.”

Each letter/certificate must:

- be provided on letterhead from the doctor’s/dentist’s/specialist’s practice;
- be signed and dated by that doctor/dentist’s/specialist; AND
- clearly state the doctor’s/dentist’s/specialist’s full name and qualifications.

At least one of the above letters/certificates must state the frequency of the required treatment.

3. Receipts and unpaid bills for the transport.
4. Quotes for the cost of future transport.
5. Credit card or personal loan statement(s) associated with these expenses.
6. IF you borrowed money from family or friends to pay for some of the transport, the person/people you borrowed the money from need to provide Statutory Declaration(s) that state this and specify:
 - who you borrowed the money from;
 - when you borrowed the money;
 - how much you borrowed;
 - how much you still owe; and
 - when you have to pay back any money you still owe.

A Statutory Declaration, also called a “Stat Dec”, is a written statement declared to be true in the presence of an authorised witness, who is called a “signatory”. You can download a Stat Dec from the website of the Attorney-General’s Department at www.ag.gov.au/statdec. If you do not have access to the internet, call us on 1300 13 10 60 (or +61 2 6213 5298 from outside Australia) and we will send a Stat Dec out to you.

Therefore, if you are applying for early release of superannuation **to pay for transport to required medical or dental treatment for yourself/a dependant, you must submit a minimum of 3 documents:** 1 from each medical professional and at least 1 giving quote(s) and/or information about costs.

Section 7 – Permissions

62 Do we have your permission to discuss your application with the providers of your supporting documentation, if needed?

Yes
No

63 Please give the name of any current or ex partners that you give APRA permission to speak with about your application.

Leave blank if none.

64 Please give the name, and relationship to you, of any other people or organisations that you give APRA permission to speak with about your application.

You do not have to repeat here the names of any people or organisations that you have given us permission to speak with, elsewhere on this form (e.g. your superannuation fund). Instead, this question gives you the opportunity to name people like your parents, your solicitor, a counsellor, a social worker or a friend. Leave blank if none.

Name

Relationship to you (if applicable)

Name

Relationship to you (if applicable)

Name

Relationship to you (if applicable)


Section 8 – Declaration and signature

Should APRA approve your application, the released benefits must only be used for the purposes you gave in this application.

As soon as you sign and date it, this application becomes a legal document. Therefore, you should be aware that there are penalties under the Criminal Code for providing false or misleading information.

By *signing below* you are certifying that:

1. The information provided in this application is true and accurate, to the best of your knowledge; and
2. You agree to only use any money released from your superannuation fund(s)/Retirement Savings Account(s) for the purposes for which it has been released.

Signed	Dated		
	/	/	
	Day	Month	Year

Your application form is now complete.

Go to the next page for details on how to submit your completed form and associated supporting documentation.

How to submit your form

Send all pages of the application—i.e. Sections 1 through 8 inclusive*—together with the necessary supporting documentation, to APRA. You can do this by postal mail, fax or email.

Sending your application in the post

Please remove all staples, pins and clips from your application and supporting documentation. This helps us process your application faster.

Make a copy of your application and supporting documentation, in case we need to discuss them with you.

Post your application to: **APRA**
GPO Box 9836
Canberra ACT 2601

Faxing your application

Please write your initials on the top right hand corner of every page of your application and supporting documentation. This helps ensure all of your information is kept together.

If you can, please use a fax cover sheet that states how many pieces of paper you are faxing.

Send your fax to: **(02) 6213 5299**
(+61 2 6213 5299 from outside Australia)

Emailing your application

Scan all of your supporting documentation into a single file and scan your signed and dated application into a separate file.

Attach both files to an email with a subject line of:
“Application for early release of superannuation”

Send your email to: **contactapra@apra.gov.au**

We will send you a letter, confirming that we have your application, within 5 working days of receiving it. If, after 5 *working* days, you haven't received this confirmation letter, please call us on 1300 13 10 60 (+61 2 6213 5298 from outside Australia).

* You do not need to send this page of instructions back to APRA.