

Complete this form using **black pen**. Print in clear – **CAPITAL LETTERS**

Advance Contact Centre 1800 819 935
Mon–Fri from 8.30am to 7.00pm, Sydney time

- Only one (1) hardship payment can be accepted for a particular person. If your investment is held by multiple parties and more than one of these parties is suffering hardship, please submit a hardship application for each of these parties at the same time.
- Note: privacy laws protect your privacy. Please read our Privacy Brochure for more information. A copy can be obtained from our Contact Centre.

1. Investor details

Investor Number

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

/ /

Gender

Male Female

Postal address

State Postcode

Country, if not Australia

Phone number during business hours

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Occupation

2. Hardship condition and assistance with completing this form

Cross [X] the condition that applies to you and follow the associated instructions.

Attach the Minimum Additional Documentation required by Advance. Please note that if any of these documents aren't received we'll be unable to proceed with your request. In addition Advance may need to contact you for additional information before a final decision can be made. Advance will not be liable for any delay in regard to these matters.

Please select one of the following grounds for application

- Severe Financial Hardship**
Unable to meet reasonable and immediate family living expenses.
Minimum additional documentation required:
- Copy of a Q230 form from Centrelink (or a Q251 if over 55 years of age) confirming you are currently receiving Commonwealth Government income support payments (such as Newstart), and have been receiving them for a continuous period of 26 weeks. Receiving Austudy or Youth Allowance (if you are studying full time) does not meet this requirement.
- Bank statement, dated not more than three months from the date of this application.
- Evidence of your income, eg payslips, net rental income etc.
- Complete sections 1, 2, 3, 4, 6, 7, 8, 10 and 12

OR

- Permanent incapacity**
Minimum additional documentation required:
- Copy of letter/certificate from two (2) doctors stating that in their opinion because of your ill-health (whether physical or mental), it is unlikely that you can ever be gainfully employed in a capacity for which you are reasonably qualified because of education, experience or training.
- Complete sections 1, 2, 3, 4, 5, and 13

OR

one of the following specific Compassionate Grounds

- Medical Treatment**
To help pay for medical 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 for you or your dependant/s. We must be satisfied that the relevant treatment is not readily available through the public health system.
- Minimum additional documentation required:
- Copy of letter/certificate from two (2) doctors (including a specialist) stating that the medical treatment is necessary to:
- treat a life-threatening illness or injury; OR
 - alleviate acute or chronic pain; OR
 - alleviate an acute or chronic mental disturbance; AND
 - that the treatment is not readily available to you and/ or your dependant through the public health system.
- Copy of unpaid medical bills OR estimates from doctor.
- Evidence of your income, eg payslips, bank statements etc.
- Complete sections 1, 2, 3, 4, 6, 7, 8, 9, 10 and 14

Medical Transport

To assist with the cost of transportation to and from medical treatment by land, water or air to treat a life-threatening illness or injury, to alleviate acute or chronic pain, or to alleviate an acute or chronic mental disturbance for you or your dependant/s.

Copy of letter/certificate from two (2) doctors (including a specialist) stating that the transport is necessary to access medical treatment which is required to treat:

- a life-threatening illness or injury; OR
- alleviate acute or chronic pain; OR
- alleviate an acute or chronic mental disturbance.

Copy of unpaid medical transport bills OR estimates from doctor.

Evidence of your income, eg payslips, bank statements etc.

➤ Complete sections 1, 2, 3, 4, 6, 7, 8, 9, 10 and 14

Modifications to your home and/or motor vehicle for special needs

To fund specific modifications that are necessary to accommodate special needs arising from a severe disability and which are certified by your doctor referring to you or your dependant/s.

Copy of letter/certificate from one (1) doctor confirming:

- the severe disability; AND
- the need to have specific modifications done to your home and/or motor vehicle.

Copy of estimates OR unpaid bills for the cost of modifications.

Evidence of your income, eg payslips, bank statements etc.

➤ Complete sections 1, 2, 3, 4, 6, 7, 8, 9, 10 and 14

Funeral assistance

To assist with funeral and other expenses related to the death of a dependant family member.

Copy of unpaid bills OR quotations for the funeral, burial or cremation.

If the deceased name is not on the estimates or unpaid bills you will also need to submit either:

- a copy of a Death Certificate; OR
- a letter from the deceased's doctor confirming death.

Evidence of your income, eg payslips, bank statements etc.

➤ Complete sections 1, 2, 3, 4, 6, 7, 8, 9, 10 and 14

Palliative Care

To provide care for a dependant who is dying from a terminal illness, including home care.

Copy of letter/certificate from one (1) doctor confirming:

- that you or a dependant is terminally ill; AND
- palliative care is required.

Copy of estimates OR unpaid bills for the cost of palliative care.

Evidence of your income, eg payslips, bank statements etc.

➤ Complete sections 1, 2, 3, 4, 6, 7, 8, 9, 10 and 14

Mortgage Assistance

To prevent your mortgagee (lender) from selling your principal place of residence. You cannot apply to assist your dependants or relatives with their mortgages.

Please note that if your request for release of funds under Compassionate Grounds – Mortgage Assistance is approved we will deposit the amount directly into your mortgage account where possible.

Official letter from your lender which includes the following five items of information:

- A statement that a payment is overdue, including the amount that is overdue, and that if you fail to pay that amount by the specific date, the lender will sell your property, or exercise its express or statutory power of sale over the home where you live.
- The street address of the home held as a security on the mortgage.
- The amount is equal to three (3) months repayments under the mortgage.
- The amount is equal to twelve (12) months of interest on the outstanding balance of the loan at the time the statement is made.
- The name, account number and BSB of the mortgage account.

Evidence of your income, eg payslips, bank statements etc.

➤ Complete sections 1, 2, 3, 4, 6, 7, 8, 9, 10, 11 and 14

Binding Financial Obligation

To meet the payments on a binding financial obligation entered into by you prior to the 24th October 2008.

Copy of the contract entered into that specifies the binding financial obligation.

Evidence of your income, eg payslips, bank statements etc.

➤ Complete sections 1, 2, 3, 4, 6, 7, 8, 9, 10 and 14

Other reasons consistent with the compassionate grounds reasons set out above

Some examples are described below:

- Expenses relating to alternative medicine or special equipment to treat conditions described under Medical Treatment,
- Repair of a vehicle purchased for medical transport;
- Expenses relating to draftsman's drawings or Council approval for modifications to your home;
- To pay overdue rates owed to a council proposing to sell your home;
- Accommodation costs for relatives needing to stay near a hospice providing palliative care.

The additional documentation required will depend on the other reason that you may be applying for release of these funds under compassionate grounds. Please refer to the additional documentation required above as a guide and we will contact you if further documentation is required.

➤ Complete sections 1, 2, 3, 4, 6, 7, 8, 9, 10, 11 (if applicable) and 14

3. Payment details

What amount do you estimate would relieve your hardship?

\$ net

Write the amount in words

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Note: the maximum hardship withdrawal payment is the lesser of:

- (a) the specific amount requested above; or
- (b) \$20,000 per account plus 50% of the balance of the account.

4. Cash forwarding details

Send the cheque to my postal address stated in section 1, Investor details.

OR

Credit the benefit to my financial institution account as detailed below. Please note this must be the account holder's bank account unless you are requesting mortgage assistance then any payment will be paid to your mortgage account.

Name of Australian financial institution

Branch name

BSB number

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Account number

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5. Employment details

Advise the date on which you stopped being capable of being gainfully employed. (If you were employed, we would expect this date to be the date on which your employment terminated.)

Date (dd/mm/yyyy)

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6. Financial dependants

List below details of your financial dependants (eg. your partner and any children).

| Name of dependant | Relationship | Age (years) |
|-------------------|--------------|-------------|
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If this space is insufficient, please attach additional details to this form.

7. Weekly income

List your current total NET weekly income.

Self \$

Partner \$

Dependants \$

Total \$

Also attach to this form evidence of your income, eg payslips, bank statements etc.

12. Severe financial hardship declaration

I, the Account Holder named and described in section 1 of this form, do solemnly and sincerely declare that:

1. the information provided by me above is true and correct.
2. I am unable to meet my reasonable and immediate family living expenses and I do not have any assets (apart from my home, if it is owned by me) which could reasonably and realistically be used or sold to cover this gap.
3. the amount I am requesting be released is necessary to meet these reasonable and immediate family expenses.

I make this solemn declaration by virtue of the **Statutory Declaration Act 1959** as amended and subject to the penalties provided in that Act for the making of false statements in the statutory declarations, conscientiously believing the statement contained in the declaration to be true in every particular.

Signature

Date (dd/mm/yy)

Signatory's full name (please print)

Declared at (insert town or city where signed) on Date (dd/mm/yy)

Witness signature (the witness needs to be a person authorised to take statutory declarations)

Witness title

Mr Mrs Miss Ms Other

Witness given name(s)

Witness surname

Postal address

State

Postcode

Country, if not Australia

Phone number during business hours

Qualification

Note: a person who wilfully makes a false statement in a statutory declaration under the Statutory Declarations Act 1959 as amended is guilty of an offence against this Act the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding six months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.

13. Permanent incapacity signature

Signature

Date (dd/mm/yy)

14. Compassionate grounds declaration

I, the Account Holder named and described in section 1 of this form, do solemnly and sincerely declare that:


1. the information provided by me above is true and correct.
2. I will use the money released from this investment for the purpose for which it has been released.

Signature

Date (dd/mm/yy)

Please note that under the Criminal Code there are penalties for providing false or misleading information.

You can submit this form by:

-  mail Advance Asset Management
GPO Box B87
Perth WA 6838