# Compassionate grounds payment



## Information about compassionate grounds

You may be allowed to withdraw some funds from your Catholic Super account on compassionate grounds for **unpaid** expenses.

Compassionate grounds may include payment for:

- · medical treatment and medical transport for you or a dependant;
- · palliative care for you or a dependant;
- making a payment on a loan or council rates so you don't lose your home;
- modifying your home or vehicle, or buying disability aids for you or a dependant because of a severe disability;
- expenses associated with a death, funeral or burial for a dependant

The amount of super you can withdraw is limited to what you reasonably need. It is paid and taxed as a normal super lump sum. If you are under 60 years old, this is generally taxed between 17% and 22%. If you are over 60 years old, you will not be taxed.

**NOTE:** You are not eligible to apply for payment on compassionate grounds if you are a temporary resident in Australia.

# Apply to the Australian Taxation Office (ATO)

You need to apply for access on compassionate grounds to the ATO. For more information or to apply online, go to www.ato.gov.au and search for 'compassionate grounds' or 'early access to your super' in the search box.

The application is a three-part process.

- 1. Apply using the ATO's online form. The ATO will assess your eligibility for compassionate release of superannuation, which can take up to 14 days. The ATO website states that they can't provide you with a progress update during the assessment phase and once assessed, a message will be sent to your myGov inbox with the outcome. If your application is successful, the ATO will also notify Catholic Super.
- **2.** If your application is approved, complete this form and return it to Catholic Super along with a copy of the ATO approval letter so we can process your payment.
- **3.** You must pay the expenses with the amount released from Catholic Super and keep your receipts as evidence.

## **Proving your identity**

The law requires Catholic Super to verify the identity of members to safeguard member benefits. The accompanying form outlines when and how you need to provide proof of identity documents to support your application.

If you have only recently joined Catholic Super, we may ask additional documentary evidence to assist in ensuring only genuine compassionate grounds claims are paid.

Please note that if you need to change the name on your account, you will need to provide a linking document. This document proves a relationship between two (or more) names. Suitable linking documents are a certified copy of a marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.

### Tax file number

Catholic Super is authorised to request your tax file number (TFN) under the Superannuation Industry (Supervision) Act 1993 (SIS). Providing your TFN to Catholic Super is optional, but if you don't, your benefit payment may be taxed at the highest marginal rate. For further details on providing your TFN, please see our website or the *Product Disclosure Statement (PDS)* applicable to your membership.

### Important information for benefit payments

Benefits are usually processed within five business days of Catholic Super receiving a fully completed and signed application along with the correct proof of identity documents. The payment may take longer if we need to collect further information from you.

The unit price applied to your benefit payment will be the latest price available on the day your benefit is processed. You cannot nominate a processing date for your payment.

If you do not provide correct bank account details, we will pay your benefit by cheque, if possible.

If your account is closed as a result of this application and we receive further contributions for you from a participating employer, a new account will be established for you.

For further information about tax, preservation rules or your benefit payment options, please see our website or the PDS applicable to your membership.

Need help?











# Compassionate grounds payment



### 1 - Your member details

# Please complete in pen using CAPITAL letters

| Member number  |   |
|--|---|
|  |   |
| Title Mr Mrs Ms Miss Other   | Sex Date of birth (ddmmyyyy)  Male Female |
| First name   | Last name                                 |
| ristriane  | Last name                                 |
| Residential address (must be provided)   |   |
| Residential address (must be provided)   |   |
| Suburb   |   |
|  |   |
| State Postcode Country (if not Australia)  |   |
|  |   |
| Postal address (if different from Residential address)                             |   |
|  |   |
| Suburb   |   |
|  |   |
| State Postcode Country (if not Australia)  |   |
|  |   |
| Business hours phone After hours phone   | Mobile                                    |
|  |   |
| Email  |   |
|  |   |
| Your tax file number   |   |
| or I choose not to provide m   | ıy TFN                                    |
| 2. Dovment engrevel and emount   |   |
| 2 – Payment approval and amount  |   |
| I have attached a copy of the ATO approval letter                                  |   |
|  |   |
| I am requesting a payment of:  |   |
| The amount approved by the ATO or A lower amount the                               | nan approved by the ATO: \$,00            |
| 3 – Provide payment instructions   |   |
|  |   |
| Please send a cheque to the postal address I have noted above;                     | or  |
| Please transfer this payment electronically to my bank account as                  | s follows:                                |
| Name of bank, building society or credit union                                     | BSB                                       |
|  |   |
| Your account name (must be a personal account held solely or jointly in your name) | Account Number                            |
|  |   |
|  |   |

Please provide a copy of your bank statement showing the account name, BSB and account number. If required, Catholic Super may seek further evidence prior to making payment.

# Need help?







### 4 - Investment choice

If you have made an investment choice and are requesting a partial withdrawal, you can nominate below how your payment/s are drawn from your investment options. If you don't, your payment/s will be withdrawn in proportion to the balance in each investment option at the time of payment.

| Diversified investment options |          | Single Sector investment option | Single Sector investment options |  |  |  |  |  |
|--------------------------------|----------|---------------------------------|----------------------------------|--|--|--|--|--|
| Growth Plus                    | <u> </u> | Australian Shares               | %                                |  |  |  |  |  |
| Growth                         | <u> </u> | Overseas Shares                 | <u> </u>                         |  |  |  |  |  |
| Balanced Growth                | <u> </u> | Diversified Fixed Interest      | <u> </u>                         |  |  |  |  |  |
| MySuper                        | <u> </u> | Cash                            | <u> </u>                         |  |  |  |  |  |
| Balanced                       | <u> </u> |                                 |                                  |  |  |  |  |  |
| Capital Stable                 | <u> </u> |                                 |                                  |  |  |  |  |  |
| Future Focus                   | <u> </u> |                                 |                                  |  |  |  |  |  |
| Index Diversified              | %        |                                 |                                  |  |  |  |  |  |

Must total 100%

# 5 - Proof of identity

Please find below a list of documents that you can use to prove your identity. Any documents you provide **must** be certified as true copies by a person authorised to certify documents. Read on for further information or see our full proof of identity information online at **csf.com.au**. Catholic Super reserves the right to request further identification documents.

A certified copy of **ONE** of the following documents **ONLY**:

- Current driver's licence issued under State/ Territory law
- Passport
- Current card issued under a State or Territory for the purpose of proving a person's age
- Current national identity card issued by a foreign government for the purpose of identification

OR

- A certified copy of **ONE** of the following documents:
  - · Birth certificate or extract
  - · Citizenship certificate issued by the Commonwealth
  - Pension card issued by Centrelink that entitles the person to financial benefits

AND

A certified copy of **ONE** of the following documents:

- Letter from Centrelink, in the last 12 months, regarding a Government assistance payment
- Notice issued by a Commonwealth, State or Territory
  Government or local council within the past twelve
  months that contains your name and residential
  address. For example, an ATO Notice of Assessment or
  a Rates Notice from your local council

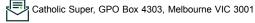
### Change of name

If you have changed your name, you must provide a certified copy of the relevant name change document, for example, a marriage certificate, deed poll, decree nisi/divorce order or change of name certificate issued by the Births, Deaths and Marriages Registration office.

Need help?









### Make sure your documents are correctly certified

All copied pages of ORIGINAL supporting documents or proof of identity documents need to be certified as true copies by an individual approved to do so.



#### The authorised person must:

- Sight the original and the copy and make sure both documents are identical, then
- Make sure all pages have been certified as true copies by writing or stamping 'certified true copy', then
- Sign, print their name, qualification (eg Justice of the Peace, Australia Post employee etc) and registration number (if applicable), then
- · Date their certification (must be within 12 months of receipt)

Common people used to certify proof of identity documents:

- Pharmacist
- · Justice of the Peace
- · Notary Public
- · Medical practitioner or nurse
- · Police officer

- Accountant (CA/CPA)
- · Legal practitioner
- Financial planner (Officer with or Authorised Representative of an Australian Financial Services Licensee) (with two years' experience)
- Full time teacher (school or tertiary)
- Bank/credit union/building society officer (with two years' experience)
- Permanent employee of a Commonwealth, State/Territory or local government (with two years' service)

### **Privacy**

The personal information you provide on this form will be used in accordance with Togethr Trustee's Privacy Statement, which you can view online at csf.com.au/privacy or you can obtain a copy by contacting us on 1300 655 002.

Togethr Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at **mercer.com.au/privacy** 

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

### 6 - Sign the form

#### By signing this form I:

- authorise my benefit to be paid by Catholic Super as instructed on this form
- · understand when my full benefit is paid, Catholic Super shall be released from all claims, liabilities and obligations
- · understand any insurance arrangements with Catholic Super will cease from the date that the full benefit is paid
- understand there may be a delay in processing my payment request if I do not provide correct and complete proof of identity documents or a copy of the ATO approval letter or if Catholic Super determines that it requires further information.

| ( | Signature | Date (ddmmyyyy) |  |  |  |  |
|---|-----------|-----------------|--|--|--|--|
|   | Y         |                 |  |  |  |  |
|   |           |                 |  |  |  |  |

Please return your completed form to Catholic Super, GPO Box 4303, Melbourne VIC 3001

Need help?





