

Hardship Application Form

The following information will be used solely for determining whether you are experiencing financial hardship. The completed form (or copy) may be made available to other persons for that purpose including the insurer to which this matter relates.

Assistance Completing this Form

Please let us know if you require help to complete this form. We can assist you. If you are deaf or have a hearing or speech impairment you may like to use the National Relay Service.

The Translating and Interpreting Service (TIS National) provides interpreting services to people who do not speak English and to agencies and businesses that need to communicate with their non English speaking clients. TIS National can be contacted on 131450.

Personal Detail

To keep you informed we need to know your contact details.

Title:	Mr Mrs Miss Other.....
Date of Birth:	
Surname:	
Given Names:	
Residential Address (must be provided):	Number: Street: Suburb: State: Post code:
Postal Address (if different to residential address):	Number: Street: Suburb: State: Post code:
Day time telephone number:	

Email:	
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Attach Documentation if Your Personal Details Have Changed

If your name and/or address differ to that previously advised:

1. Complete the below in so far as the information has changed
2. For name changes provide evidence of the change. This may be a certified copy of a Marriage Certificate, Deed Poll or Change of name Certificate from the Births, deaths and Marriages Registration Office
3. For postal address changes – attach a copy of a lease, recent bill or drivers' licence that displays a new postal address

Title:	Mr Mrs Miss Other.....
Date of Birth:	
Surname:	
Given Names:	
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Day time telephone number:	
Email:	

Your Financial Dependents

Please list below your financial dependants. 'Dependants' means anyone who is in whole, or in part, financially dependent on you e.g., your children, adult family members or anyone else whose lives with you and shares the bills:

Name	
Relationship to You	
Age	
Name	
Relationship to You	
Age	
Name	
Relationship to You	
Age	
Name	
Relationship to You	
Age	
Name	

Relationship to You	
Age	

Your Assets

Describe and list the approximate value of assets held by you, your partner and dependants

Item	Value
	\$
	\$
	\$
	\$
	\$
Total	\$

Your Weekly Income

You must attach evidence. If you are in receipt of Centrelink payments this includes your Centrelink statements. Documents must not be over 3 months old.

If you are paid fortnightly halve the payments. If you are paid monthly divide by four.

Item	Value
Self	\$
Partner	\$
Dependants	\$
Total Weekly Income	\$

Residency/ Citizenship Status

Your ability to access your superannuation on the grounds of severe financial hardship may depend upon your residency or citizenship status. Please indicate your current status by ticking the appropriate box below:

Are you an Australian or New Zealand citizen or an Australian Permanent Resident?

Yes	
No	

Your Expenses

List below all reasonable currently weekly expenses in relation to you, your partner and your dependants.

Weekly Expenses Amount per Week.

(If your expenses are billed monthly you will need to divide by four to calculate the weekly amount. Please note bills such as Foxtel, Netflix, high internet charges and lifestyle expenses may not be considered.

Item	Cost
Rent/ Board	
Rental Bond	
Age Home loan repayments – up to 3 months in arrears	
Urgent house holder repairs (e.g., leaking pipes)	
Personal loan repayments – overdue and minimum balance	
Credit card repayments	
Food and household expenses	
Car repayments (not included in personal loan repayments above)	
Gas	
Electricity	
Telephone	
Car (fuel, registration, insurance)	
Public transport	
Clothing	
Municipal and water rates	
Home and contents insurance	
Childcare and child support payments	
School fees, uniform., books	
Medical/ dental	
Life insurance premium	
Urgent household	
Vet bills	
Pet housing (due to relocation)	
Other, please state (provide documentary evidence)	

Your Account Details

Please provide your bank account details for your account for which you can sign to withdraw, either solely or with another personal

Name of Institution	
Branch	
BSB Account Number	
Account Name	

Additional Relevant Information

When assessing your request for Financial Hardship, we will consider all reasonable evidence. This may include evidence of:

- serious illness that prevents you from earning income;
- you being affected by Family Violence;
- disability, including a disability caused by mental illness.

If you have anything else which may impact your Financial Hardship application, please let us know in the space provided below. You only need to let us know of information which may impact our decision whether to approve your application:

Additional Assistance and Information

You may wish to consider contacting the National Debt Helpline (Refer: <https://ndh.org.au/> or Tel: 1800 007 007) for additional free support and financial counselling assistance.

Complaints

If you are not satisfied in any way you may make a complaint via our Complaints Process. This is available on our website, and you can contact us for a copy.