



Section 5 – Declaration

**In all cases, please read the following.**

- I authorise the Trustee of the Fund to deduct the appropriate rate of tax from any amount released from my superannuation account.
- If my full benefit from the Fund is paid, the Trustee of the Fund shall be released from all claims, liabilities and obligations whatsoever in respect of my interest in the Fund.
- I acknowledge that upon payment of my full benefit, my insured benefit for death, disablement and income protection benefits (if any) may cease.
- I certify that all information given on this form is true and correct.
- I acknowledge that I have read the Privacy Statement contained in the Product Disclosure Statement (PDS) and/or annual information from the Trustee and authorise the Trustee to collect, use and disclose my personal information in accordance with its Privacy Policy.

I,

Of

in the State of

do solemnly and sincerely declare that the information provided by me in Sections 1-4 of the *Application for Early Release – Compassionate Grounds* form attached to this Statutory Declaration is true and correct.

I also declare that I have met the Department of Human Services (DHS) Compassionate Grounds criteria and have been provided with the approval for my superannuation benefits to be released in part of full as specified by DHS.

I make this solemn Declaration by virtue of the Statutory Declarations Act 1959, and subject to the penalties provided by the Act for the making of false statements in statutory declarations, conscientiously believe the statements contained in this Declaration to be true in every particular.

Declared at

in the State of

this day of


in the year of

Before me

**Sign here**

Date

**Do you have any questions?**  
 We have people who are ready to take your call and guide you through any issues you may have. Call us on 1800 331 719 8:30am - 6:00pm AEST Monday to Friday.

 Please return the form to:  
 Health Super,  
 Locked bag 2900, Collins West VIC 8007