







## Section 10 – 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 1-9 of the *Application for Early Release – Financial Hardship* form attached to this Statutory Declaration is true and correct.

I also declare that I am unable to meet my reasonable and immediate family living expenses and that I do not have any assets (apart from my home) which could (reasonably and realistically speaking) be used or sold to cover this gap.

I also declare that the amount I am requesting to be released is necessary to meet this reasonable and immediate family expense.

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

Sign here

X

Date

### Witness declaration (must be a certified authority)

I am satisfied that the signatory of this form is the person named above.

Signature of witness  X Date

Name

Occupation/profession

### 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