

GROSVENOR PIRIE MASTER SUPERANNUATION FUND – SERIES 2

Trust Company Superannuation Services Limited

Trustee:

 ABN: 49 006 421 638
 AFSL: 235153
 Trustee No.: L0000635

Fund:

 ABN: 32 367 272 075
 SPIN: TCS0004AU
 Fund Registration No.: R1001204

EARLY RELEASE OF BENEFIT DUE TO FINANCIAL HARDSHIP FORM Part 1.

1. Member details Print in block letters (Note: all fields are mandatory)

Membership Number

Title: Full Name:

Postal Address (number and street name)

Suburb

State

Postcode

Daytime Contact Number

Date of Birth

By completing this form, you are providing personal information to GPML. Information you have provided to the Trustee will not be made available to any other person. We may disclose the personal information to the family court (if you are involved in a case before it and we are legally required to do so) and as otherwise required by law.

2. Dependants Spouse, partner and children

Name of Dependant 1 (Relationship)

Age

Name of Dependant 2 (Relationship)

Age

Name of Dependant 3 (Relationship)

Age

3. Financial Information

Please explain briefly the cause(s) of your financial hardship and how the money will be used if released:

What amount do you estimate would relieve your current severe financial hardship?

 \$

Current total NET weekly income or benefits received?

Self

 \$
(Please provide evidence e.g. pay slips, statement of income etc)

Partner

 \$

Dependants

 \$

List the main current weekly expenses of you, and your dependants.

Utilities / Rates

 \$
(Please attach, if possible, evidence of any urgent bills)

Mortgage / Rent

 \$

Food / Phone

 \$

Other (specify)

 \$

Please return completed form to Grosvenor Pirie Management Limited, GPO Box 263, Sydney NSW 2001

EARLY RELEASE OF BENEFIT DUE TO FINANCIAL HARDSHIP FORM – PART II

STATUTORY DECLARATION

I *(insert name)*....., *(insert address)*.....

(insert occupation)..... do solemnly and sincerely declare that the information provided by me in the 'Early Release of benefit due to Financial Hardship Form – Part I' annexed 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 Declaration Act 1959* as amended and subject to the penalties¹ provided in that Act for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signed *(signature of person making the declaration)*
(Please sign in front of an authorized witness)

Declared at*(location)*

on *(date)*

Authorized witness before me*(name of authorized witness – please PRINT. Note the authorized witness must be either a: Justice of The Peace, Doctor, pharmacist or Australia Post Officer)*

X.....*(signature of person before whom the Declaration is made)*

X.....*(insert qualifications and address of person before whom the declaration is made)*

.....

¹ - A person who wilfully makes a false statement in a Statutory declaration under the Statutory Declaration 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 6 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.