HARDSHIP RELIEF WITHDRAWAL FORM

Tidswell Investment Plan: Pooled Mortgage Managed Investment Scheme – Application for hardship relief

This form is to be completed if you wish to obtain an early release of your benefits, on the basis of severe financial hardship or unemployment or compassionate grounds (‘hardship’).

Please ensure you have read and understood the Fact Sheet on page 5, which outlines when benefits may be released on the grounds of hardship, alongside the proof of identity documents required to lodge this claim.

The Trustee will assess your eligibility for release upon your application being received. Once approved, payment of your withdrawal will be subject to the Pooled Mortgage Managed Investment Scheme withdrawal windows. Please note: this may be up to 21 days.

For further information pertaining to the eligibility criteria, please refer to the Fact Sheet on page 5 of this document.

This form can only be used if you are an existing investor in Tidswell Investment Plan (TIP), who holds an interest in the Pooled Mortgage Managed Investment Scheme (PMMIS).

Please print clearly in the spaces provided using CAPITAL letters and a black or blue pen. Place a tick (✓) in any applicable boxes.

1. Investor details

Member number

Account name

Contact name

Contact number (business hours)

2. Proof of identity

We require you to provide the below information and documentation regarding your identity, prior to your early release request being processed. Please refer to the Fact Sheet on page 4 of this form, for further details about the documents that can be provided and the certification requirements.

We will accept either one document from List A, or two documents from List B.

List A

☐ Certified copy of your Passport (Australian passports that haven’t expired more than two years ago are acceptable)
☐ Certified copy of your Drivers Licence

List B

☐ Certified copy of your Birth Certificate or Birth Extract
☐ Certified copy of your Australian Citizenship Certificate
☐ Certified copy of your Centrelink Pension Card
☐ Certified copy of your Government or Local Council Notice (less than 1 year old) with name and address
☐ Certified copy of your/a Concession Card. The following Concession Cards are accepted:
  ➢ Pensioner Concession Card;
  ➢ Health Care Card; or
  ➢ Seniors Health Card.
3. Details of claim
Please advise under what grounds you are applying. Refer to the Fact Sheet on page 5 for further explanation of each claim type.

☐ Severe Financial Hardship
☐ Unemployment
☐ Compassionate Grounds – Section a ☐ b ☐ c ☐ d ☐ e ☐ f ☐
☐ Permanent Incapacity
☐ Aged Care

Please complete the below section by detailing the circumstances of your claim. Please ensure that you clearly state and explain the relative cause(s) for your hardship claim, and how your benefits will be used if released. State any additional information you deem relevant in support of your claim.

4. Withdrawal amount
Please specify the dollar value of your hardship relief claim. Ensure that any supporting documentation for this claim is provided below in section 4.

Please note that up to four withdrawals are permitted per calendar year. The total withdrawal amount per calendar year is capped at a maximum of $100,000 (unless for aged care where the maximum is $130,000 per calendar year).

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5. Documents Required

Please provide the following documents in support of your application:

**Severe Financial Hardship**
- ☐ Weekly living income, expenditure and debts worksheet completed (page 7) AND
- ☐ Bank Statements covering a 3 month period AND
- ☐ Copy of Invoices/Bills in arrears (if relevant) OR
- ☐ Statutory Declaration from the person you have borrowed money from stating the amount borrowed and the terms agreed for repayment (if relevant)

**Unemployment**
- ☐ Separation Certificate or other formal document from your previous employer dated more than 3 months prior OR
- ☐ Centrelink Income Statement with Income Support commencing more than 3 months prior AND
- ☐ Statutory Declaration stating that you have not been in gainful employment for 3 months and have no other means of financial support (except government assistance)

**Compassionate Grounds**
Invoices, quotes and documentation for:
- ☐ a) medical costs for a life-threatening illness or injury from 2 registered medical practitioners (one of which is a specialist)
- ☐ b) specific modifications to a principal place of residence or vehicle that are necessary to accommodate special needs arising from a severe disability
- ☐ c) funeral and other expenses related to the death of dependants
- ☐ d) provide care for another person who is dying from a terminal illness, including home care
- ☐ e) prevention of a mortgagee (lender) from selling your principal place of residence
- ☐ f) meeting a binding financial obligation entered into by you, prior to the Responsible Entity determining that withdrawals should be suspended

**Permanent Incapacity**
- ☐ Statutory Declaration stating that you have permanently ceased gainful employment by reason of mental or physical ill-health and have no other means of financial support (except government assistance) AND
- ☐ 2 x medical certificates from qualified medical practitioners stating you are unlikely to ever engage in gainful employment of the type for which you are reasonably qualified by education, training or experience.

**Aged Care**
- ☐ Signed Agreement relating to aged care for the investor
- ☐ Invoice relating to aged care for the investor
6. Payment instructions

Please provide bank account details for crediting your withdrawal. You must provide details for an existing TIP account, Australian bank or financial institution. The bank account must be held in the name of the account holder, jointly held bank accounts are accepted.

☐ Pay to my previously nominated bank account

☐ Pay to a different bank account

Name of financial institution

BSB  —  Account number

Account name

Payment reference (if required for a third party)

7. Declaration

I/We declare that:

• I/we have read and understood and agree to the terms and conditions of the current Product Disclosure Statement (PDS) of the Tidswell Investment Plan (TIP); and

• I/we understand that this withdrawal request is subject to the terms and conditions of the PDS of the TIP and the Trustee is bound by the terms of the relief granted by ASIC to the Tidswell Investment Plan on 6 April 2020; and

• The details provided in this Withdrawal Form are true and correct; and

• I/we do not otherwise have the financial capacity to meet expenses claimed in this application and will experience hardship if I/we are not allowed to withdraw; and

• I/we don’t have any assets that could reasonably be sold to meet the expenses claimed in this application. These assets include money in the bank, share investments, an investment property (not including my family home) or any other similar investment.

Investor 1

Signature

Full name

/ / 

Date

Investor 2

Signature

Full name

/ / 

Date

Your privacy

All information we collect about you is held by us in the strictest confidence and pursuant to our Privacy Policy. You may obtain a copy of our Privacy Policy on our website www.tidswell.com.au or by contacting our office.

How to contact us

Please return your completed Withdrawal Form to:

Post: Tidswell Financial
PO Box 3528
TINGALPA DC QLD 4173

Email: tidswell@ddhgraham.com.au

For all inquiries please contact us on 1300 796 079.
Hardship – Fact Sheet

Criteria and Eligibility for Hardship Claim

1. Severe financial hardship
   - If the requested amount is required to enable you to meet reasonable and immediate living expenses for yourself, and or your dependants.

2. Unemployment
   - If you have not been in gainful employment for a period of at least three months, and you have no other means of financial support (except government assistance, such as unemployment benefits).

3. Compassionate grounds
   - If you do not have the financial capacity to meet one of the following expenses, and the amount requested is needed by yourself, and or your dependant:
     a) help pay for medical costs (and transport costs) required to treat a life-threatening illness or injury, to alleviate acute or chronic pain, or to alleviate an acute or chronic mental disturbance, where two registered medical practitioners (at least one of whom must be a specialist) have provided certified statements confirming the medical condition to this effect;
     b) fund specific modifications to a principal place of residence or vehicle that are necessary to accommodate special needs arising from a severe disability;
     c) assist with funeral and other expenses related to the death of the yourself, or your dependant
     d) enable you to provide care for another person who is dying from a terminal illness, including home care;
     e) prevent your mortgagee (lender) from selling their principal place of residence;
     f) meet a binding financial obligation entered into by yourself, before the responsible entity determined the registered scheme was non-liquid or otherwise determined that withdrawals should be suspended; or

4. Permanent incapacity
   - Where you have ceased gainful employment due to mental or physical ill health and the responsible entity is satisfied that you are unlikely to ever again commence the type of employment for which you are reasonably qualified by education, training or experience.

5. Aged Care
   - The amount requested is needed to enable you to make payments required to be made to secure, or remain in aged care

Proof of Identity

Acceptable certified documents

- Certified copy of your Passport (Australian passports that haven’t expired more than two years ago are also acceptable)
- Certified copy of your Drivers Licence
- Certified copy of your Birth Certificate or Birth Extract
- Certified copy of your Australian Citizenship Certificate
- Certified copy of your Centrelink Pension Card
- Certified copy of your Government or Local Council Notice (less than 1 year old) with name and address
- Certified copy of your/a Concession Card. The following Concession Cards are accepted:
  - Pensioner Concession Card;
  - Health Care Card; or
  - Seniors Health Card.
Certifying your documents

Your original document(s) and copies of your original documents must be taken to a certifier.

Who can certify/authorise your documents

- A person who is licenced or registered in the below occupations. These people can witness your statutory declaration as they are in licenced in Australia, or, if they are registered to practice their work in Australia.
  - architect
  - chiropractor
  - dentist
  - financial adviser or financial planner
  - legal practitioner, with or without a practicing certificate
  - medical practitioner
  - midwife
  - migration agent registered under Division 3 of Part 3 of the Migration Act 1958
  - nurse
  - occupational therapist
  - optometrist
  - patent attorney
  - pharmacist
  - physiotherapist
  - psychologist
  - trade-marks attorney
  - veterinary surgeon

- A person on the roll of the Supreme Court of a state or territory, or the High Court of Australia. A person is an approved witness if they are on the roll of:
  - the Supreme Court of a state or territory in Australia
  - the High Court of Australia as a legal practitioner

  This applies even if they do not have a practising certificate.

- These people can witness your statutory declaration as they are a member of a professional body or organisation in Australia:
  - accountant
  - chief executive officer of a Commonwealth court
  - clerk of a court
  - Commissioner for Affidavits
  - Commissioner for Declaration
  - judge
  - Justice of the Peace
  - Magistrate

People who cannot witness your statutory declaration

You cannot witness your own statutory declaration, even if you are an approved witness.

A person who was an approved witness but has retired or changed to an occupation that is not listed above is not an approved witness. For example, a retired teacher cannot witness a Commonwealth statutory declaration.

This does not apply to someone who is on the roll of the Supreme Court or the High Court. They will be on the roll for life unless they have been removed.

Please visit the Attorney General’s website for a full list of who can certify your documents.
Hardship – Severe Financial Hardship

Weekly Income, Expenditure and Debts

Please provide details of your weekly income and living expenses. These expenses should relate directly to you, your spouse and/or your dependants. You should not include any business expenses.

<table>
<thead>
<tr>
<th>Income</th>
<th>$ per week - You</th>
<th>$ per week - spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth Support Payments</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Family Allowance or Child Support Payments</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other Income (including employment or rent)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>$ per week</th>
<th>Arrears/Overdue Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food &amp; Groceries</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Rent/Board/Mortgage Repayments</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Gas/Electricity/Phone/Internet</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Council &amp; Water Rates</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Education</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Transport (Fuel, Registration, Insurance, Public Transport)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Insurances (House, Health, Life)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Credit Card Repayments</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>