

Trilogy Funds Management Limited

Financial Hardship Statutory Declaration

PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM

Please complete this form and send to: Balmain Trilogy Client Services Team, GPO Box 1648, Brisbane QLD 4001

1. Declaration

I (full name)

of (address)

Suburb

State

Postcode

Phone

Unitholder Number

Date of birth

Occupation

Email Address

declare that the information provided by me in the following document is true and complete.

I declare that I am experiencing one of the circumstances described in section 1 overleaf as 'Hardship', and that I do not have any assets (apart from my home) that could reasonably be used or sold to pay for these expenses and that (with the exception of borrowing) I have made every effort to find alternative sources of funds to meet my immediate needs.

I authorise any person, hospital, doctor who has been or will be attending me, or any employer, or any insurer to furnish Trilogy Funds Management Limited any information that it may required in the consideration of this hardship claim application. I acknowledge that I have read, understood and agree to the 'Privacy Information and Consents' contained in this form. I accept that the collection, use and disclosure of my personal information is necessary for the purpose of administering my claim. I understand that Trilogy will not be able to process my claim without this information.

I declare that I have not made more than two(2) hardship requests this calender year from this or any other mortgage/income fund which has also been granted ASIC's 'Hardship' relief for mortgage funds.

If this application is approved, I declare that the amount of this application together with all other amounts I have received in this calendar year through hardship claims is not greater than \$20,000.

I declare that \$ is necessary to relieve my immediate hardship.

I understand that I can only apply for a hardship payment two(2) times per calender year.

I make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended and subject to the penalties 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 an every particular.

2. Your Signature

Signature

Declared at

on

before me

3. Witness

Signature

Full Name

Address

Please refer to page 8 for a list of persons who can witness your Statutory Declaration

4. Categories of hardship

Please indicate which of the following categories of hardship you wish to apply for release of your funds and provide the information and documents specified.

If you have any questions please contact your Financial Adviser or call our Client Services Team on 1800 194 500.

- Severe financial hardship** – To meet reasonable and immediate living expenses. Must be in receipt of a Commonwealth income support payment as described below and have been so, continuously, for 12 weeks. In all cases Members will need to provide Trilogy with a letter from Centrelink or the Department of Veterans Affairs confirming that they are in receipt of a Commonwealth income support payment.

Please answer sections 5 and 6, and provide:

- certified copies of bills which are due or copies of your last three months' bank statements showing regular bill payments.

Note: Commonwealth income support payments that are eligible are the following pensions provided by Centrelink: Parenting Payment, Age Pension, Disability Support Pension, Carer Payment (caring for a child less than 16 years of age) and Carer payment (caring for a person 16 years of age or over). Commonwealth income support payments that are eligible are the following pensions provided by The Department of Veterans Affairs: Service Pension, Disability Pension, Age Pension and War Widows and Orphans Pension

- Medical costs** – To 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.

Please answer section 5 and 7, and provide:

- certification by two registered medical practitioners (at least one of whom must be a specialist) confirming the medical condition.
- Copies of bills or invoices which are due

- Funeral and related expenses** – To assist with funeral and/or other expenses related to the death of the former member or a former dependant of the member.

Please answer section 5 and 8, and provide:

- copies of invoices for the funeral and/or other expenses.
- a certified copy of the Death certificate of the former member or a former dependant of the member.

- Care for terminally ill** – To enable the member to provide care for a person who is dying from a terminal illness, including home care.

Please answer sections 5 and 9, and provide:

- a certified statement from a registered medical practitioner confirming the patient is terminally ill and the level of care the person will require e.g. fulltime, at home, respite.

- Home mortgage foreclosure** – To prevent a mortgagee lender from selling your principal place of residence.

Please answer section 5 and provide:

- a certified copy of the mortgage provider's foreclosure notice.

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

Please provide:

- certification (typed) by two registered medical practitioners (at least one of whom must be a specialist) which includes a description of your condition, current treatment, prognosis and the statement:

‘that <member’s name and DOB> is unlikely to ever again engage in gainful employment of the type for which he/she is reasonably qualified by education, training or experience.’

- Your resume or details of your past work experience and education / training.

Member is deceased and beneficiary of the estate is suffering from one of the grounds of hardship above.

Please answer the relevant section above supporting the beneficiary’s hardship withdrawal and also provide:

- Certified copy of the death certificate of the deceased; and
- Certified copy of the will of the deceased; and
- Certified copy of probate or letters of administration; and
- Letter from the executor or administrator of the estate supporting the hardship withdraw from the beneficiary.

If applying under Severe financial hardship **must be in receipt of a Commonwealth income support payment as described below and have been so, continuously, for 12 weeks.**

In all cases Members will need to provide Trilogy with a letter from Centrelink or the Department of Veterans Affairs confirming that they are in receipt of a Commonwealth income support payment.

5. General details

- a. Please briefly explain the cause of your financial hardship and how the benefits would be used (attach additional pages if the space provided is insufficient).

- b. Please list current value for all readily realisable assets including:

Bank Account

Shares / derivatives

Managed Funds

Other

Total

- c. What amount do you estimate would relieve your hardship?

- d. What does this amount include and how did you calculate it?

6. Income and expenses

a. Please complete the following details

Income# (average monthly)

Salary	self	\$ <input type="text"/>
	spouse	\$ <input type="text"/>
Centrelink payments		\$ <input type="text"/>
Dividends/interest		\$ <input type="text"/>
Mortgage and other managed fund		
	Distributions	\$ <input type="text"/>
	Other income	\$ <input type="text"/>

Commitments (average monthly)

Note, only payments made for necessary family living costs are to be included. Payments made for non-essential items should not be included.

House repayments/rent^	\$ <input type="text"/>
Personal loan repayments^	\$ <input type="text"/>
Credit card repayments^	\$ <input type="text"/>
Other loans^	\$ <input type="text"/>
Food and household items	\$ <input type="text"/>
Phone	\$ <input type="text"/>
Electricity	\$ <input type="text"/>
Gas	\$ <input type="text"/>
Clothing	\$ <input type="text"/>
Car*	
	fuel \$ <input type="text"/>
	registration/insurance/ service/repairs \$ <input type="text"/>
	loan/lease/rental \$ <input type="text"/>
Public transport	\$ <input type="text"/>
Municipal and water rates*	\$ <input type="text"/>
House insurance*	\$ <input type="text"/>
Educations and fares*	\$ <input type="text"/>
Other (details)*	\$ <input type="text"/>
Total income	\$ <input type="text"/>
Total commitments	\$ <input type="text"/>

#After tax.

* You may use expenses during the last year to estimate current commitments.

^ If you are applying for over \$5,000, please submit certified copies of the relevant statement to support your claim. In certain circumstances we may request additional information to support your claim.

b. Details of lawful spouse, de facto spouse and/or children of any age (natural or adopted):

Name			Address
Relationship	Age	Are they financially independant	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name			Address
Relationship	Age	Are they financially independant	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name			Address
Relationship	Age	Are they financially independant	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name			Address
Relationship	Age	Are they financially independant	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. If applying to pay for medical expenses

a. Please briefly describe your medical condition and the required treatment.

b. What costs have you incurred in that last 12 months in relation to the illness (not required if a new illness) and an estimate of costs over the next 12 months. Provide invoices or other supporting documentation.

c. Please provide the name and contact details of your primary treating doctors.

d. Please provide details of health insurance and what percentage of the above costs will be / have been covered?

8. If applying to fund funeral and related expenses.

a. What was your relationship to the deceased?

b. If the deceased was the member of the fund, are you the executor of the estate?

Yes

No

9. If applying to fund to provide care for a person who is dying from a terminal illness, including home care.

a. What was your relationship to the patient?

b. Are you providing the care directly?

Yes

No

c. What is the estimated cost of providing the required care for the next 12 months?

10. Where are the funds to go?

Name of the Bank

Address of the Bank

BSB

Account Number

WITNESS

Persons who can witness your Statutory Declaration

- Chiropractor
- Master of a court
- Dentist
- Member of Chartered Secretaries Australia
- Legal practitioner
- Member of Engineers Australia, other than at grade of student
- Medical practitioner
- Member of the Association of Taxation and Management Accountants
- Nurse
- Member of the Australian Defense Force who is:
 - a. an officer; or
 - b. a non-commissioned officer within the meaning of the Defense Force Discipline Act 1982 with five or more years of continuous service
 - c. a warrant officer within the meaning of that Act
- Optometrist
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Patent Attorney
- Member of:
 - a. the Parliament of the Commonwealth; or
 - b. the Parliament of a State; or
 - c. a territory legislature; or
 - d. a local government authority of a State or Territory
- Pharmacist
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Physiotherapist
- Notary public
- Psychologist
- Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- Trade marks attorney
- Permanent employee of:
 - a. the Commonwealth or a Commonwealth authority; or
 - b. a state or Territory or a State or Territory authority; or
 - c. a local government authority with five or more years of continuous service who is not specified in another item in the list
- Veterinary surgeon
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made (such as a Justice of the Peace)
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Police Officer
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Registrar, or Deputy Registrar of a court
- Bailiff
- Senior Executive Service employee of:
 - a. the Commonwealth or a Commonwealth authority
 - b. a State or Territory or a State or Territory authority
- Bank officer with five or more continuous years of service
- Sheriff
- Building society officer with five or more years of continuous service
- Sheriff's officer
- Chief executive officer of a Commonwealth court
- Teacher employed on a full-time basis at a school or tertiary education institution
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with five or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3(d) of the Consular Fees Act 1995; and
 - c. exercising his or her function in that place
- Employee of the Commonwealth who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3(c) of the Consular Fees Act 1995; and
 - c. exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with five or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Justice of a court
- Justice of the peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961

HARDSHIP WITHDRAWAL GUIDE AND PROCEDURES

You will need to complete this application form in order to be considered. Incomplete forms will be returned without consideration.

Satisfying one of the grounds for hardship will not automatically lead to a withdrawal being made. Even if you satisfy one of these hardship grounds, it may be that Trilogy cannot approve a withdrawal. Before a withdrawal can be approved, Trilogy must also be satisfied that following the withdrawal the Pacific First Mortgage Fund will have sufficient liquid assets for the day-to-day operations of the fund.

How much can you receive?

- Up to \$20,000 per investor each calendar year
- Hardship withdrawals will be processed on a semi-annual basis each calendar year (subject to the overall cap of \$20,000 each calendar year)

Who is eligible?

You are eligible to make a hardship withdrawal application if:

- You are an investor in the Pacific First Mortgage Fund and you have experienced hardship or are likely to experience hardship; or
- You are a beneficiary of an estate of a deceased investor and you have experienced hardship or are likely to experience hardship.

How to make a hardship claim?

You must complete the statutory declaration, explaining why you need to withdraw funds to meet a financial hardship. To make a claim you must have exhausted all other means of accessing funds to meet your needs including realising other liquid assets (the family home is excluded), applying for financial hardship through your superannuation fund and applying to Centrelink for assistance.

Trilogy requires that you provide sufficient documentary evidence to support your application for hardship. We may decline your application if the information provided is not sufficient for assessment purposes. We may also determine that a lower amount is payable based on the documentary evidence supplied.

Privacy ¹

We need the information we have asked for on this form to properly identify you and process your application for a hardship payment. If you do not provide all of the information we will not be able to approve your request for payment.

We will normally not disclose the information you provided on this form to external parties other than related parties to Trilogy Funds Management Limited. However, sometimes information about you might be required to be disclosed to government departments (for example, the Australian Taxation Office).

By affixing your signature to this application, you agree to this handling of your personal information.

1. Trilogy Funds Management Limited respects your privacy. The information you provide on this form is protected in accordance with the National Privacy Principles and Trilogy's Privacy Policy. If you would like to see our Privacy Policy, it is available on our web-site at www.trilogyfunds.com.au or you can phone us for a copy.