



Compassionate release of superannuation – request for review of a decision

If your application for compassionate release of superannuation is declined and you provided all of the required evidence, you can ask for a review of the decision by completing this form.

Completing this form

- Print clearly in BLOCK LETTERS using a black pen only.
- Place **X** in ALL applicable boxes. Do not use this form if the following applies to you:

- ! Do not use this form if the following applies to you:
 - Your application was declined due to insufficient evidence – you will need to submit a NEW application.
 - Your circumstances have changed from your original application – you will need to submit a NEW application
 - You do not agree with the legislation

For more information see ato.gov.au/compassionate_release_of_super

Section A: Applicant's details

Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Tax file number (TFN)

- ! We are authorised by the *Taxation Administration Act 1953* to collect your TFN. You are not required by law to provide your TFN. However, quoting your TFN reduces the risk of administrative errors that could delay the processing of your request.

How should we contact you about this review?

Email Email address

Phone Daytime phone number (including area code)

Post Postal address

Suburb/town

State/territory

Postcode

Section B: Application details

- !** If your circumstances have changed since your original application or if you have additional evidence, do not use this form. You must submit a new application. For more information see ato.gov.au/compassionate_release_of_super

Date of original decision

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reference number of original decision

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reason for review of the decision

Provide details of why you believe the decision was incorrect

Section C: Declaration

Complete and sign the declaration

- I declare the information I have provided in this form is complete and correct.
- I understand giving false or misleading information is a serious offence.

Name (BLOCK LETTERS)

Applicant's signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Privacy

We are authorised by the Taxation Administration Act 1953 to request your tax file number (TFN). We will use it to identify you in our records. You are not obliged to provide your TFN, but if you don't, your review may be delayed.

We are authorised by law to collect information and to disclose it to other government agencies. For information about your privacy, go to ato.gov.au/privacy

How to lodge your request

You can lodge this request by:

- clicking the 'Email form' button
- e-mailing to SuperAdvice@ato.gov.au
- printing the form and posting to:

Australian Taxation Office
PO Box 3100
PENRITH NSW 2740

- !** The internet is not always a secure environment. By pressing 'Email form', this form will be sent to us via email. The privacy of personal information sent by email can't be guaranteed.