



# Form PSSF For Financial Hardship Applications

# RENT

## Application to the Pension Commission for Approval of a Refund of Money from the Pension Fund under the Public Service Superannuation Act 1981 Based on Financial Hardship

Use this Application to apply to the Pension Commission for approval of a refund of money from the pension fund under the Public Service Superannuation Act 1981 based on financial hardship. Please read the Instructions before completing the Application. The Instructions tell you which Parts of the Application to complete.

**YOU CANNOT USE THIS APPLICATION TO APPLY FOR A REFUND OF MONEY IF:**

- You are a pensioner.
- The money you seek to have refunded is not governed under the Public Service Superannuation Act 1981.
- You seek a refund for a category of financial hardship that is not permitted.

**YOU CANNOT APPLY FOR A REFUND OF MONEY FROM THE PENSION FUND FOR ANY CATEGORY OF FINANCIAL HARDSHIP UNTIL 5 YEARS AFTER THE DATE YOUR LAST APPLICATION WAS APPROVED. IF SUCCESSFUL, YOU CAN ONLY RECEIVE A REFUND OF UP TO A MAXIMUM OF 25% OF YOUR CONTRIBUTIONS WITH INTEREST AT THE TIME OF APPLICATION. PLEASE NOTE THAT THE ACTUAL AMOUNT APPROVED WILL BE BASED UPON THE AMOUNTS STATED IN INVOICES OR STATEMENTS SUBMITTED WITH THE APPLICATION, UP TO THE 25% MAXIMUM.**

**FURTHERMORE, YOU CAN ONLY RECEIVE REFUNDS FOR FINANCIAL HARDSHIP A MAXIMUM OF TWO TIMES DURING YOUR LIFETIME.**

When you have completed the Application, send it along with the non-refundable application fee of \$100 and any other required documents to the Pension Commission, P O Box HM 3384, Hamilton HM PX, Bermuda. You may also deliver the Application to the Pension Commission's office or email to [info@pensioncommission.bm](mailto:info@pensioncommission.bm). **Do not send the Application to the Accountant General.**

**A REFUND OF MONEY CAN ONLY BE APPROVED IF THE AMOUNT YOU ARE ABLE TO WITHDRAW IS AT LEAST \$1,000.**

**THINK CAREFULLY BEFORE MAKING AN APPLICATION AS ANY REFUNDS WILL LIKELY RESULT IN A REDUCED PENSION AT RETIREMENT**

### Part 1 Information About the Applicant

**1. Provide the following information about yourself: (please print)**

Last Name	First Name	Middle Name(s)	Date of Birth (D/M/Y)
Mailing Address	Street Number and Name		Suite No.
City	Parish/Province/State	Country	Postal/Zip Code
(area code) Telephone Number (ext.)		(area code) Fax Number	

Part 1 continues on the next page.

**Part 1 (continued)**  
**Information About the Applicant**

2. Have you attached a copy of the statement sent to you by the Accountant General showing your contributions with interest?

Yes

No

**Document Required:** You **must** attach a copy of the statement sent to you by the Accountant General. The statement must have been issued within 30 days before the date the Pension Commission receives it. You have a right to request in writing a statement from the Accountant General at no charge to you for the purpose of making an Application.

1. **Only your contributions with interest in your pension fund under the Public Service Superannuation Act 1981 can be refunded using this Application.** If you are unsure, ask the Pension Commission.

**Was the money for which you are applying for, earned or contributed under the Public Service Superannuation Act 1981?**

Yes

No

3. Are you employed?  Yes  No

4. Are you receiving a private pension payment?  Yes  No

**Part 2D**  
**Refund for Rent Arrears**

Complete this Part **only** if you want a refund of money because you or your husband or wife have received a written demand for payment of arrears of rent for your home and you or your husband or wife have been threatened with imminent eviction from your home.

1. **Have you ever received approval from the Pension Commission in the past for a refund of money under the Public Service Superannuation Act 1981?**

Yes

No

**If you answered “Yes”, provide the date your last Application for a financial hardship refund was approved and the reference number assigned by the Pension Commission to that Application:**

Date Your Application was approved (Day(/Month/Year)	Reference Number Assigned to the Application
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***You cannot apply again for financial hardship until 5 years after the date your last Application was approved.***

2. **How much money do you want to withdraw? (You can apply to withdraw up to 25% of your contributions with interest).**

\$ \_\_\_\_\_

Subject to the following, you **cannot** withdraw more than the amount of the arrears of rent required to bring the debt into good standing as set out in the written demand for payment from the landlord. You may also request (subject to the 25% maximum) up to an additional 6 months of monthly rental payments for the rental premises.

**Additional Document(s) Required:** You **must** attach a copy of the rental agreement, a receipt for the most recent rental payment and the notice from the landlord specifying the imminent threat of eviction and additional information.

Please see page 12 of the Instructions for specific details. **You must also attach a completed Government of Bermuda new/change address form (from the Accountant General’s Dept).**

3. **Do you want to withdraw up to an additional 6 months of rental payments?**

Yes

No

**If you answered “Yes”, how many additional monthly payments do you want to withdraw? \_\_\_\_\_.**

**The total amount must be for whole months only. Partial payments will not be approved.**

You **cannot** withdraw more than 6 months’ worth of additional rental payments and withdrawals **cannot exceed the 25% maximum.**

**If you answered “Yes”, this additional amount will be paid directly to the landlord all at once, unless you request the payments to be made monthly.**

**Part 2D continues on the next page.**

4. What is the address of the rental home you are applying for (as defined on page 6 of the Instructions)? (please print)

<b>Rental Home Address</b> <b>House Name/Street Number and Name</b> <b>Parish/Postal Code</b>
<b>Name of landlord and contact details for them (address, telephone/email address, as applicable):</b>

1. Are you related to the landlord?

Yes                       No

If you answered "Yes", please state the relationship.

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2. Is the residence owned by a trust?

Yes                       No

If you answered "Yes", do you have any beneficial interest in the trust or have control over the trust? If you answered yes, please provide details.

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**Part 3**  
**Certification by the Applicant**

You **must** sign this Application by completing and signing the Certification in this Part. **Please read the Instructions for completing the Certification found on page 13 of the Instructions before you complete the Certification.**

**Certification**

I participate in the pension fund identified in Part 1 of this Application. I hereby apply to the Pension Commission for approval for a refund for the amount set out in Part 2D of this Application.

I certify\* that on the date I sign this Certification:

- (a) I have no other reasonable way of raising money to pay the expenses or arrears;
- (b) I have not been required by any third party to make this application;
- (c) all of the information supplied in this Application and the documents that accompany this Application is accurate to the best of my belief; and
- (d) If the application relates to expenses of my dependent or parent, to the best of my knowledge and belief, my dependent or parent (as the case may be) has no other way of raising money to pay the expenses.

I understand that if I do not provide information in this Application which is true, accurate and complete, the Pension Commission **will** refuse to give its approval.

Signature of Witness	Signature of Applicant	Date Signed (Day/Month/Year)
Name of Witness (print) Last Name	First Name & Middle Name(s)	<p><b>The Applicant must sign this Certification in the presence of the witness.</b></p> <p><b>FOR HELP IN FILLING OUT THIS APPLICATION, CONTACT THE PENSION COMMISSION AT 441-295-8672</b></p> <p>* By signing, you are certifying that this statement is true.</p>
Witness Address	Street Number and Name	
City/Parish/Province/State	Country	
(area code) Witness Telephone Number (ext.)	Postal/Zip Code	

**Part 4**  
**Authorization Regarding Personal Information**

The Authorization in this Part **must** be signed by you.

Each person should read the Authorization and, if the person agrees to the terms set out in the Authorization, sign and date the Authorization in the appropriate place at the bottom of the Authorization. If any required person does not sign the Authorization as required, this Application **will not be complete**.

**The Authorization will not be valid for the purposes of this Application if any required person signs the Authorization more than 30 days before the date the Pension Commission receives it.**

The information in this Application is collected under the authority of the Public Service Superannuation Act 1981 (as amended).

**Authorization**

If this Application relates to a written demand for payment of arrears of rent, of unpaid mortgage or other payments relating to a debt secured against my or my husband's or wife's principal residence and I or my husband or wife have been threatened with imminent eviction from the rental home or loss of the principal residence, as applicable, I or my husband or wife (as applicable), authorize my or my husband's or wife's creditor to give the Pension Commission any information relating to my or my husband's or wife's arrears of rent or debts that are the subject of this application.

If this Application relates to eligible medical expenses to treat my, my dependent's or parent's illness or disability, I or my dependent or parent (as applicable), authorize my, my dependent's or parent's Health Professional or provider of the medical or dental goods or services, as the case may be, to give the Pension Commission any information relating to my, my dependent's or parent's illness or disability and the medical or dental goods or services that are the subject of this application.

If this Application relates to eligible educational expenses, I or my dependent (as applicable), authorize the relevant educational establishment to give the Pension Commission any information relating to the eligible educational expenses which are the subject of the claim for eligible educational fees.

I authorize my financial institution to give the Pension Commission any information relating to my financial records to confirm or verify any information provided by or about me in this Application.

I authorize any other person referred to in this Application to provide information to the Pension Commission with respect to this Application and the documents accompanying this Application, to assist the Pension Commission in understanding them and verifying their authenticity and to assist the Pension Commission in verifying the circumstances of financial hardship set out in this Application.

Signature of Applicant				Date Signed (Day/Month/Year)
Signature of Dependent/Parent (as applicable)	Dependent's/Parent's Last Name	First Name	Middle Name(s)	Date Signed (Day/Month/Year)
Signature of Dependent/Parent (as applicable)	Dependent's/Parent's Last Name	First Name	Middle Name(s)	Date Signed (Day/Month/Year)