

APPLICATION FOR INFORMATION UNDER THE FAMILY LAW ACT ACCOUNT-BASED PENSION PLAN



Use this form if you are requesting information for a member of the Active Super Account-Based Pension Plan under the Family Law Act 1975.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use a (✓) to mark boxes.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS before making a decision.

1. YOUR DETAILS

Member no.

Date of birth (DD MM YY) Title (e.g. Ms)

Given name(s)

Family name

Email

Phone (home) Phone (work)

Phone (mobile)

Postal address

No./Street

Suburb/Town

State/Territory Postcode

Residential address select if same as postal address above

No./Street

Suburb/Town

State/Territory Postcode

2. BASIS OF APPLICATION

I hereby apply for information, in accordance with the *Family Law Act 1975*, about the following superannuation interest(s) of the member below in Active Super.

Given name(s)

Family name

Member account no.1 (if known) Date of birth (DD MM YYYY)

Member account no.2 (if known)

Member account no.3 (if known)

2. BASIS OF APPLICATION (CONT.)

The information required is that effective as at:

Please select only ONE (1).

- the date this application is received by the Trustee; or
- an earlier date, being (DD MM YY)

In support of my application, I declare that:

Please select only ONE (1).

- I am the member referred to above.
- I am the spouse of the member referred to above.
- I am intending to enter into a superannuation agreement under Part VIII B of the *Family Law Act 1975* with the member referred to above.

And I require the information to:

Please select only ONE (1).

- assist me to properly negotiate a superannuation agreement.
- assist me in connection with the operation of Part VIII B of the *Family Law Act 1975*.

3. YOUR DECLARATION

I declare that:

- I have fully read the important notes, the relevant PDS and/or fact sheet;
- the information provided is true and correct;
- I have read the Trustee's Privacy Policy and I understand how the Trustee will use my personal information.

Name

Signed

Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220
Please mail original documents as they are required for proof of identity.
Do not email.

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other service providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

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