

Use this form if you'd like to split your concessional (pre-tax) contributions in the Active Super Accumulation Scheme with your spouse.

Please use a black pen and CAPITAL letters or type directly into this form online, print it, sign it and send it to us. Use (✓) to mark boxes.

Before completing this form, please ensure you read the relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS

WHAT CONTRIBUTIONS CAN BE SPLIT?

- Employer contributions
- Amounts paid by the ATO relating to a superannuation guarantee amount or from the superannuation holding account's special reserve
- Allocated surplus contribution amounts
- Personal contributions you made for yourself that you have advised Active Super you will claim a tax deduction for.

IMPORTANT

- You cannot split your non-concessional contributions.
- You cannot apply to split your contributions if your account balance after the split is less than \$5,000.
- Any contributions you make to super are counted as part of your contribution limits, not your spouse's limits.
- If a contribution to the Fund is rejected or processing is delayed, the money will be held in a trust account until it is processed or refunded. The Fund will keep any interest earned on the trust account.

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. CONTRIBUTION SPLITTING DETAILS

Financial year ending 30 June

Concessional (pre-tax) splittable contributions

MAX \$ OR % of my concessional contributions (up to a maximum of 85%) %

3. APPLICANT REQUEST AND DECLARATION

I request that the contributions stated above are split to my spouse's superannuation account as detailed overleaf. I have fully read the important notes, the relevant PDS and/or fact sheet and confirm that the information provided is true and correct.

Full name

Signed

Date (DD MM YY)

4. RECEIVING SPOUSE DETAILS

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

Active Super is authorised to collect your tax file number (TFN) under the Superannuation Industry (Supervision) Act 1993. We will treat it as confidential and only use it for lawful purposes. This includes disclosing it to another super fund when we're arranging a transfer of funds for you.

You are not obliged to disclose your TFN, but there may be implications if you don't.

Without it, your contributions may be taxed at a higher rate and Active Super cannot accept after-tax contributions from you.

5. RECEIVING SPOUSE TAX FILE NUMBER (TFN)

My TFN is:

It is not an offence not to quote your TFN.

However giving your TFN to Active Super will have the following advantages:

- Active Super will be able to accept all types of contributions to your account.
- The tax on contributions to your account will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start withdrawing your super.
- It will be easier to trace different super accounts in your name so that you will receive all your super benefits when you retire.
- With your consent we can check with the ATO for any lost super or another super fund for super you may have and arrange for the super to be combined in your Active Super account.

6. FUND MEMBERSHIP OF RECEIVING SPOUSE

Is your spouse currently a member of the Active Super Accumulation Scheme?

Yes, please provide their membership number:

Please go straight to **Section 10. Receiving spouse declaration.**

No, please create a new membership in the Active Super Accumulation Scheme (you should refer to the Active Super Accumulation Scheme PDS before choosing this option). Please complete **Section 8. Receiving spouse investment options** and **Section 10. Receiving spouse declaration.**

No, please pay the split amount to the external fund nominated in **Section 7. External fund details to pay split amount.**

7. EXTERNAL FUND DETAILS TO PAY SPLIT AMOUNT

Fund name

Address of the Fund Administrator or Trustee

No./Street

Suburb/Town Country

State/Territory Postcode Phone

Membership/ Account no.

ABN*

USI/SPIN*

Electronic Service Address (For SMSFs only) # *

* Please note that you must provide the fund's ABN (Australian Business Number) and USI (Unique Superannuation Identifier), or, for a SMSF you must provide the ABN and ESA (Electronic Service Address). These can be obtained directly from your chosen fund. ABN can also be obtained from the Australian Prudential Regulation Authority (APRA) website, apra.gov.au

If you are splitting into a SMSF, please also attach a copy of the SMSF's bank statement showing its name, BSB and account number. You can blank out amounts or transactions you don't want us to see.

Complete this section ONLY if you are applying as a new member.

You can invest your super in one or a combination of investment options. If you do not make a valid investment choice your new account will be invested in the Active Super Lifestage Product according to your age.

NOTE

You should refer to the PDS for full details of each investment option, including the Active Super Lifestage Product, before completing this section.

IMPORTANT

Contributions split to the spouse's account are preserved until the Trustee is satisfied that a condition of release has been met by the receiving spouse.

For tax purposes, the transferred amount is considered a Contribution Splitting Benefit for the splitting spouse and a super rollover benefit for the receiving spouse.

8. RECEIVING SPOUSE INVESTMENT OPTIONS

I elect to have my account balance invested on the following percentage basis:

Pre-mixed option

High Growth %

Balanced %

Conservative Balanced %

Conservative %

Single sector option

Managed Cash %

Active Super Lifestage Product %

TOTAL %

9. PROOF OF IDENTITY

You have two options to prove your identity. Check either the Option 1 or Option 2 box to make your selection.

Option 1: Use electronic verification

By providing my Medicare card, driver's licence or Australian passport details below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification using reliable and independent data sources. I understand Active Super uses a third party system for this purpose.

Important: Make sure the details you provide are accurate. If your personal details provided do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will delay processing your request.

You **MUST** provide details of at least two of the following documents:

Document 1: Medicare card

Full name as shown on your Medicare card, including initials

Card no. I am person number on this card

Green Expiry date (MM YYYY)

Blue Expiry date (DD MM YYYY)

Yellow Expiry date (DD MM YYYY)

Document 2: Australian driver's licence

First name as shown on your licence

Last name as shown on your licence

Date of birth as shown on your licence (DD MM YY)

Australian driver's licence number

Australian driver's licence card number

State where driver's licence was issued

Expiry date (DD MM YYYY)

Document 3: Australian passport

Given name(s) (including middle name) as shown on your passport

Last name as shown on your passport

Date of birth as shown on your passport (DD MM YY)

Australian passport number

Country of birth (not shown on passport)

Family name at birth (not shown on passport)

Option 2: Provide certified copies of identification documents

I have attached copies of my certified proof of identity with this form. Please ensure that you provide photocopies of your original documents and they are correctly certified.

For more information on what is required when supplying certified proof of identity, please see the *Proof of Identity* fact sheet available at activesuper.com.au.

CERTIFIED DOCUMENTS

A certified copy is a photocopy of the original document that has been sighted and signed by an authorised person as a true representative of the original. Please refer to the Active Super *Proof of Identity* fact sheet for a comprehensive list of who can certify your ID.

10. RECEIVING SPOUSE DECLARATION

I declare that at the date of this application:

- I am aged less than my preservation age; OR
- I am aged between my preservation age and 65 years and have not retired from the workforce.

If I am joining as a new member, I also declare that:

- I understand that the PDS is a general guide and does not constitute investment advice.
- I understand that the Trustee is not liable for my choice of investment option(s) and that professional financial advice may assist me in making my decision.
- If opening a new account, I agree to the opening of an Active Super Accumulation Scheme account in my name and certify that the information provided in Section 4 is correct.
- I understand that if a contribution to the Fund is rejected or processing is delayed, the money will be held in a trust account until it is processed or refunded. The Fund will keep any interest earned on the trust account.
- I have fully read the important notes, the relevant PDS and/or fact sheet.
- The information completed is true and correct.
- I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.

Full name

Signed

Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220

Email admin@activesuper.com.au

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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