

ELECTION TO REDUCE CONTRIBUTION RATE DUE TO FINANCIAL HARDSHIP – RETIREMENT SCHEME



If you're a member of the Retirement Scheme and would like to reduce your contribution rate on the grounds of financial hardship, please complete and send us this form.

You can complete this form using a black pen and CAPITAL letters. Use a (✓) to mark boxes.

Make sure you consider the relevant product disclosure statement and other important information available at activesuper.com.au/PDS

NOTE: This document must be signed in the presence of an authorised witness.

1. YOUR DETAILS

Member no.

DOB (DD MM YYYY) Title

Given name(s)

Family name

Email address

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

If you are reducing your contribution rate to 0%, please complete a Budget Planner which is available from activesuper.com.au or by contacting Member Care.

IMPORTANT

If approved, this election will only remain in force until the next adjustment date, i.e. the next 1 April.

For your request to be assessed, you must state the reason for reducing your contribution rate.

AUTHORISED WITNESSES

- Solicitor or barrister who has a current practising certificate (whether NSW or other State/Territory)
- Justice of the Peace
- Notary public
- Commissioner of the court for taking affidavits
- Person by law who may administer an oath

Please use (✓) to satisfy the requirements of both 1 and 2.

2. YOUR DECLARATION

I do solemnly declare that:

I would suffer financial hardship if I were to continue with my contribution rate of % and accordingly elect to vary my contribution rate to %.

I **make** this solemn declaration conscientiously, believing the same to be true and by virtue of the provisions of the Oaths Act 1900 (NSW).

Declared at (Suburb/City/Town) In the State of

on Date (DD MM YY) Signed

Reason for reduction – submission to the Trustee:

in the presence of an authorised witness, who states:

I, (Name of authorised witness)

(Qualifications of authorised witness)

certify the following matters concerning the making of this statutory declaration by the person who made it:

<p>1. <input type="checkbox"/> I saw the face of the person. OR <input type="checkbox"/> I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.</p>	<p>2. <input type="checkbox"/> I have known the person for at least 12 months. OR <input type="checkbox"/> I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was a <input type="text"/> <i>(Describe identification document relied on)</i></p>
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Signed (Authorised witness) Date (DD MM YYYY)

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220
Please do NOT email. Original documents are required for proof of identity.

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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