

Application for Contribution Split for Accumulation Plan members



Who should use this form?

This form should be completed if you wish to apply to have your contributions (including salary sacrifice and Superannuation Guarantee contributions) split from your Accumulation Plan into your spouse's superannuation account.

You should not complete this form if you or your spouse has permanently retired, please contact us for further information.

Before you start

Prior to submitting the form, please ensure that all sections of the form have been completed and all supporting documentation has been provided.

You should complete *PART A – Applicant Details* and your spouse should complete their details in *PART B – Receiving Spouse Details*.

Please note that you are only eligible to split your contributions once in any financial year.


You must submit this form and any supporting documents to ESSSuper by way of mail.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Part A Applicant details

Section 1 Your personal details

Member number	<input type="text"/>										
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	(please specify) <input type="text"/>					
Surname	<input type="text"/>										
Given names	<input type="text"/>										
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>						
Postal address	<input type="text"/>										
Suburb	<input type="text"/>										
State	<input type="text"/>	Postcode	<input type="text"/>								
<input type="checkbox"/> Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.											
Residential address	<input type="text"/>										
Suburb	<input type="text"/>										
State	<input type="text"/>	Postcode	<input type="text"/>								
Telephone (business hours)	(<input type="text"/>)	<input type="text"/>	(after hours)			(<input type="text"/>)	<input type="text"/>
Telephone (mobile)	<input type="text"/>										
Email address	<input type="text"/>										

 **By providing your email address you are authorising ESSSuper to send communications including statement notifications to that address. This authorisation will apply until it is revoked by you.**

Section 2 Contribution splitting details

I would like to split (please choose only one):

The maximum amount available*

OR

A percentage of % of the maximum amount available*

OR

A dollar amount of \$, .

*You can elect to split the lesser of 85% of your total taxed contributions and the 'concessional contributions cap'. As of 1 July 2017 the 'concessional contributions cap' is \$25,000 per annum for all members regardless of age.

** If the nominated amount exceeds the maximum amount allowable, ESSSuper will only split the maximum.

I elect to have this split applied for the financial year ending: / /

Section 3 Certified identification documents provided

Please provide a certified copy of your identification documents. Certified copies are copies of original documents that have been verified, signed and dated by one of the professional persons listed. We cannot accept a photograph, scanned copy via email or fax of the certification. Please ensure the original certification is sent.

Current Driver's Licence or Passport

OR if you do not have a Driver's Licence or Passport one of each of these:

Either a birth certificate or extract, Australian citizenship certificate OR Centrelink pension card

AND

A letter addressed to you from Centrelink regarding a benefit payment, a letter from a Federal, State or local government body showing your name and residential address, e.g. rates notice OR a Tax Office Notice of Assessment.

Refer to page 6 of this form for information on who is able to certify that your documents are true and correct.

Section 4 Declaration and signature

I acknowledge and agree that:

- I have read and understood the Accumulation Product Disclosure Statement and Incorporated Guide available from ESSSuper, and have considered obtaining independent financial advice in respect of my superannuation options.
- I have read and accept the statements relating to privacy (and in particular to the collection, use and disclosure of personal information by ESSSuper) which appear in Accumulation Product Disclosure Statement and Incorporated Guide available from ESSSuper.
- I fully understand and accept the implications of the election I have made on this form and I declare that the information provided on this application is true and correct.
- This form is binding and upon receipt by ESSSuper the contributions that are split become the property of my spouse.

Signature

PLEASE SIGN HERE

Date / /

Part B	Receiving spouse details
Section 1	Spouse details
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify) <input type="text"/>
Surname	<input type="text"/>
Given names	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Postal address	<input type="text"/>
	Suburb <input type="text"/>
	State <input type="text"/> Postcode <input type="text"/>
	<input type="checkbox"/> Mark with an <input checked="" type="checkbox"/> if your postal and residential address are the same. If your residential address is different, please specify below.
Residential address	<input type="text"/>
	Suburb <input type="text"/>
	State <input type="text"/> Postcode <input type="text"/>
Telephone (business hours)	(<input type="text"/>) <input type="text"/> (after hours) (<input type="text"/>) <input type="text"/>
Telephone (mobile)	<input type="text"/>
Email address	<input type="text"/>

Section 2	Tax File Number notification authority
	<p>ESSSuper is legally authorised to collect your TFN. We will only use it for legal purposes. We may provide it to the trustee of another superannuation fund or RSA unless you tell us in writing not to. These legal purposes may change in future.</p> <p>You are not required to supply your TFN but if you do:</p> <ul style="list-style-type: none"> • Your superannuation account will be able to accept all types of contributions • You will not pay any additional tax on contributions in your account • When you start drawing down your superannuation account you won't pay any additional tax than is already required; and it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire. <p>For tax-related information, please contact the Australian Taxation Office Superannuation Helpline on 13 10 20.</p> <p>Please tick one of the following:</p> <p><input type="checkbox"/> I do not wish to provide my Tax File Number and understand that I am under no obligation to do so.</p> <p><input type="checkbox"/> I agree to provide my Tax File Number for the purposes outlined above.</p>
Tax File Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

Section 3	Payment details
	<p>Where would you like the contributions transferred to? (please choose only one option)</p> <p><input type="checkbox"/> An existing ESSSuper Accumulation Plan Account (<i>Account Number</i>) <input type="text"/></p> <p>Note: If you have an existing account in the Accumulation Plan, these contributions and any investment earnings on them will be deposited in accordance with your current investment choice.</p>

Section 3

Payment details cont.

OR

A new ESSSuper Accumulation Plan Account (If you do not have an existing Accumulation Plan Account and wish to open an account please complete and return the relevant application form. We will open an account once we receive the completed form. A copy of the Accumulation Plan PDS can be found on our website or can be obtained by calling the Member Service Centre.)

OR

To the following fund:

Name of fund

Postal address of fund

Suburb

State

Postcode

ABN or SFN

SPIN or your member number

If you are rolling over to a Self Managed Superannuation Fund, you must provide a certified copy of the Section of the Trust Deed which shows you as a trustee/member.

If you are transferring the contributions to an external fund you must provide a compliance letter (which can be obtained from the external fund) and return it with this form to ESSSuper.

Section 4

Declaration and signature

I acknowledge and agree that:

- I have read and accept the statements relating to privacy (and in particular to the collection, use and disclosure of personal information by ESSSuper) appearing in the ESSSuper privacy statement available from the ESSSuper website www.esssuper.com.au
- I am under preservation age or am aged between 55 and 65 years and have not permanently retired.
- I fully understand and accept the implications of the election I have made on this form and I declare that the information provided on this application is true and correct.
- I am the 'eligible spouse' of an ESSSuper member (An 'eligible spouse' is defined as another person (whether of the same sex or opposite sex) with whom you are in a relationship that is registered under a State or Territory law; or another person (whether of the same sex or opposite sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple) and will advise ESSSuper immediately if at any time in the future I cease to be the eligible spouse of the member (eg. through divorce or separation).

Furthermore, in the event that the funds are transferred into an ESSSuper Accumulation account, I acknowledge and agree:

- I have read and understood *Accumulation Plan Product Disclosure Statement* available from ESSSuper, and have considered obtaining independent financial advice in respect of my superannuation options. The information provided by ESSSuper is of a general nature and does not constitute personal financial advice.
- I have read and understand the information regarding my investment options and my ability to change my investment choice contained in the *Product Disclosure Statement* and *Investment Guide (AP.3)* available from ESSSuper. I understand that my contributions and investment income will be invested in accordance with my instructions on this form, and if no instructions are given then the default investment option will apply.
- I understand and accept the investment risks and returns of my investment choices and acknowledge that the benefits in the Accumulation Plan are not guaranteed or underwritten by the Victorian Government or ESSSuper and that ESSSuper does not come under the jurisdiction of the Superannuation Complaints Tribunal.

Signature of spouse

Date / /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | F 1300 766 757 | www.esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at www.esssuper.com.au

How to certify documents

You do not need to seek an authorised witness to certify a photocopy of your identification if you bring your original identification for an ESSSuper staff member to sight, and a copy is made for our use only. However copies of any other documents, any photocopies sent in to us, or any copies that will be used to transfer funds from another superannuation fund to ESSSuper, must be certified as set out below:

Step 1	Step 2	Step 3
Take the original and a copy of your selected documents to an approved certifier (see list below) who will verify that the original documents have been sighted.	Ensure that the certifier sights the original and then signs the copy confirming it is a true copy of the original. The certifier must also provide their name, the date of certification and the category/occupation that allows them to certify documents.	Post your completed application form and the certified copy of your documents to ESSSuper. NOTE: We can not accept a photocopy, scanned copy via email or a fax of the certification. Please ensure the original certification is sent.

Who can certify documents?

Conditions and definitions

Accountant

- A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants; Member of the Association of Taxation and Management Accountants; or a Fellow of the National Tax Accountants' Association.

Banking or Financial Institutions

- A bank or building society or Credit Union officer with 2 or more continuous years of service; or a finance company officer with 2 or more continuous years of service; or an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees. An officer with, or a credit representative of, a holder of an Australia credit license, having 2 or more years of continuous service with one or more licensees.

Consular or Diplomatic Officer

- An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of Consular Fees Act 1955).

Justice of the Peace or Notary Public

- A Justice of the Peace or Notary Public.

Law Enforcement

- A Police officer; a Sheriff or Sheriff's officer; a member of the Australian Defence Force who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service or a warrant officer within the meaning of that Act.

Legal Professional

- Legal practitioner; a judge of a court; a magistrate; a chief executive officer of a Commonwealth court; a registrar or a deputy registrar of a court; a master of the court; a Bailiff; a Clerk of the court; a Trades marks attorney; a Patent attorney; a Commissioner for Affidavits; or a Commissioner of Declarations. A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).

Medical and Pharmacy

- Medical Practitioner; Dentist; Pharmacist; Chiropractor; Nurse; Optometrist; Physiotherapist; or Psychologist.

Outside of Australia, Employee of the Trade Commission or of the Commonwealth

- An employee of the Australian Trade Commission or of the Commonwealth who is in a country or place outside Australia and is authorised under paragraph 3 (c) or 3 (d) of the Consular Fees Act 1955 and exercising his or her function in that place.

Politician or Government Employee

- A permanent employee of the Commonwealth or a Commonwealth authority; or a State or Territory or a State or Territory authority or a local government authority with 2 or more years of continuous service. A member of the Parliament of the Commonwealth; or the Parliament of a State; or a Territory legislature; or a local government authority of a State or Territory. A Senior Executive Service employee of the Commonwealth or a Commonwealth authority; or a State or Territory or a State or Territory authority.

Teacher

- A Teacher Employed on a full time basis at a school or tertiary education institution.

Other

- A Veterinary Surgeon; Marriage celebrant or Minister of religion registered under Subdivision A or C of Division 1 of Part IV of the Marriage Act 1961.
- A member of Engineers Australia, other than at the grade of student; a Member of Chartered Secretaries Australia; a person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made; a member of the Australasian Institute of Mining and Metallurgy.
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
- A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.