

Lump Sum (Non-Concessional) Contribution Form for deposits into the Accumulation Plan



Who should use this form?

You should complete this form if you are eligible to make a voluntary after-tax non-concessional superannuation contribution into your Accumulation Plan account.

You are eligible to make voluntary after-tax superannuation contributions to ESSSuper's Accumulation Plan if you: have provided your Tax File Number to ESSSuper; AND you have (or are eligible to have) an ESSSuper Accumulation Plan account; AND you are under age 65; OR you are between age 65 and age 74 and you satisfy a 'work test' (which requires that you work at least 40 hours in not more than 30 consecutive days in the financial year that your contribution is made) OR you are between age 65 and age 74 and are eligible for the Work Test Exemption.

If you have not already provided your TFN to ESSSuper please complete a *Tax File Number Notification form (ES157)* available from our website.

Note: If you are under age 65, you do not need to work to be able to make voluntary after tax contributions.

Note: If you wish to make a downsizer contribution, please use the Australian Taxation Office's form '*Downsizer contribution into superannuation form*'.

Before you start

Investment options: This deposit will be invested in your current investment options unless you complete your investment choice in Section 3.

Contribution Limits: There are Federal Government imposed limits on the amount of contributions that a person can make in a financial year without additional tax applying. Non-concessional contributions above the non-concessional limit will be taxed at the highest marginal rate (plus Medicare Levy). This contribution will be counted towards your non-concessional contributions cap for the financial year in which the contribution is made.

If you have a total super balance in excess of the Transfer Balance Cap applicable at 30 June of the previous financial year (\$1.6 million as at 1 July 2017 subject to indexation), your non-concessional contributions cap is zero. Any non-concessional contributions will be subject to excess non-concessional contributions tax and taxed at the highest marginal tax rate (plus Medicare Levy).

For further information on the limits please refer to the *ESSSuper Accumulation Plan Product Disclosure Statement*, which is available on our website or on request from the Member Service Centre.

If you have not yet set up an account in the ESSSuper Accumulation Plan, you should complete the Application Form that accompanies the *ESSSuper Accumulation Plan Product Disclosure Statement* and attach it to this form.

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

Section 1 Member 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"/>																						
Telephone (business hours)	(<input type="text"/>	<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(after hours)	(<input type="text"/>	<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 to that address. This authorisation will apply until it is revoked by you.

Section 2

Payment and contribution details

Contribution amount \$, . Payment made by Cheque made payable to "ESSSuper" (attached)

(Please select one option)

 BPAY**Note:** To obtain your **Biller Code** and **Customer Reference Number** for BPAY, or for more information about BPAY, please call our Member Service Centre.

Section 3

Investment Choice

I would like to invest my lump sum contribution.

 In accordance with my current investment choice

OR

 As specified below (the investment choice you make below only applies to this lump sum deposit):

Standard Options

Shares Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
High Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Growth (default)	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Balanced	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Conservative	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Defensive	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Alternative Options

Basic Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Ethically Minded	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Total (must equal 100%)	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Note: If you do not make an investment choice, this contribution will be invested in accordance with your most recent investment allocation for future contributions into your account or if you are a new member and you have not made an investment choice, the contribution will be invested in the default option, Growth.

Section 4

Authorisation

I acknowledge and agree:

- 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 Australian Financial Complaints Authority (AFCA).
- I fully understand and accept the implications of the elections I have made on this form (including that this contribution must be preserved in the superannuation system until I become eligible to access my superannuation benefit) and I declare that the information provided on this application is true and correct.

Signature

 PLEASE SIGN HERE

Date

 / /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001

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