

# Lump Sum 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 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 75 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).

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

## Before you start

There are Government-imposed limits on the amount of contributions that can be made by a person in a financial year. Contributions above these limits 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. 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 contained at the back of 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"/>																					
Date of birth	<input type="text"/>	/	<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="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"/>	<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"/>
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

## Eligibility to make a contribution

You must satisfy one of the following to be eligible to make voluntary after-tax contributions.

I am:

under the age of 65

OR

age 65 or over, and under 75, and have worked at least 40 hours in a consecutive 30 day period in the current financial year.

## Section 3

## Tax File Number (TFN)

ESSSuper is not able to accept after-tax contributions unless we have your TFN.

If you have not already provided your TFN to ESSSuper please provide it below:

Tax File Number

-     -

ESSSuper is authorised by tax laws, the *Superannuation Industry (Supervision) Act 1993 (Commonwealth)* and the *Privacy and Data Protection Act 2014*, to request your TFN. Before providing your TFN you must read and consider the information in the *Accumulation Plan Product Disclosure Statement* relating to TFNs and the consequences of failing to provide your TFN. It is not an offence to fail to provide your TFN.

## Section 4

## Payment and contribution details

Contribution amount

\$     ,    .

Payment made by

(Please select one option)

Cheque made payable to "ESSSuper" (attached)

BPAY

EFT\* – (direct credit)

\*Account name: ES Accum, Branch (BSB): 033-001, Account number: 870017, Ref: your member no.

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 5

## 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):

Shares Only

%

Conservative

%

High Growth

%

Defensive

%

Growth

%

Cash

%

Balanced

%

**Total** (must equal 100%)

**1 0 0** %

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 6

## Authorisation

I acknowledge and agree:

- I have read and considered the *ESSSuper 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 accept the statements relating to privacy (and in particular to the collection, use and disclosure of personal information by ESSSuper) which appear in the *ESSSuper Accumulation Plan Product Disclosure Statement* available from ESSSuper.
- I have read and understand the information regarding my investment options and my ability to change my investment choice contained in the *ESSSuper Accumulation Plan Product Disclosure Statement*. I understand that my contribution will be invested in accordance with my instructions on this form, and if I gave no instructions, 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.
- 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 | [www.esssuper.com.au](http://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](http://www.esssuper.com.au)