

This form is to be used by the spouse of an Active Super member seeking payment from the from **Active Super Lifetime Guaranteed Income**, or **Active Super Fixed Term Guaranteed Income** under family law.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use (✓) to mark boxes.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS before making a decision.

1. YOUR DETAILS

Date of birth (DD MM YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Title (e.g. Ms)	<input type="text"/>
Given name(s)	<input type="text"/>		
Family name	<input type="text"/>		
Email	<input type="text"/>		
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Phone (mobile)	<input type="text"/>		
Postal address			
No./Street	<input type="text"/>		
Suburb/Town	<input type="text"/>	State/Territory	<input type="text"/> <input type="text"/> <input type="text"/>
		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential address	<input type="checkbox"/>	select if same as postal address above	
No./Street	<input type="text"/>		
Suburb/Town	<input type="text"/>	State/Territory	<input type="text"/> <input type="text"/> <input type="text"/>
		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. DETAILS OF YOUR SPOUSE YOU ARE CLAIMING A FAMILY LAW PAYMENT FROM

Member no.	<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"/>		
Date of birth (DD MM YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Title (e.g. Ms)	<input type="text"/>
Given name(s)	<input type="text"/>		
Family name	<input type="text"/>		

Please **ONLY** complete this section if you have requested payment of all or part of the benefit.

IMPORTANT

Active Super must be satisfied that you have met a relevant condition of release prior to receiving a lump sum payment.

CONDITIONS OF RELEASE

You can access your preserved benefit if you:

- cease employment from age 60; or
- retire permanently on or after your preservation age (55-60); or
- reach age 65.

Your preserved benefit is immediately accessible if you suffer permanent incapacity or you die.

Please complete this section if you wish to roll over all or part of your benefit.

Please select **ONLY one (1)** of these options.

3. YOUR PAYMENT DETAILS

Payment amount

I wish to be paid the FULL benefit available.

OR

I wish to be paid the following amount net of any taxes and roll over the remaining amount to the complying super fund I have nominated in **Section 4. Rollover fund details.** \$

I wish to be paid the following amount net of any taxes and the remaining amount must be paid to my Active Super account. Please complete **Section 5. Your Active Super account details.** \$

Payment method

I wish the payment to be made by cheque to me at the address I have advised in **Section 1. Your details.**

I wish the payment to be made directly into my bank, building society or credit union account as advised below:

Enter details of the bank account into which you would like your payment to be paid. This account must be held in your name.

Please also attach a copy of your bank statement for this account which states your name, BSB and account number. We only need to see your name, the BSB and account number. You can blank out amounts or transactions you don't want us to see.

Name of financial institution Account name

Branch (BSB) no. - Account number

4. ROLLOVER FUND DETAILS

I wish to roll over the full benefit to the below fund.

I wish to roll over the following net amount to the below fund: \$

I have requested a part payment of my benefit in **Section 3. Your payment details** and wish to roll over the remaining balance to the below fund.

Fund name

4. ROLLOVER FUND DETAILS (CONT.)

Address of the Fund Administrator or Trustee

No./Street

Suburb/Town Country

State/Territory Postcode Phone

Membership/Account no.

ABN*

USI/SPIN*

For SMSFs only
Electronic Service Address (ESA)*

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

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

5. YOUR ACTIVE SUPER ACCOUNT DETAILS

Member no.

If you don't already have an Active Super account, you can join online at activesuper.com.au/join, by completing a paper form available from our website or by calling our Member Services team on 1300 547 873.

We are 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 aren't 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 we cannot accept after-tax contributions from you.

6. YOUR TAX FILE NUMBER (TFN)

My TFN is:

It isn't an offence to not quote your TFN, however providing it to us means:

- We 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.

7. 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.

8. FORM CHECKLIST

Before returning this form have you:

- checked your details, filled in any blanks and updated any incorrect information? **(Section 1)**
- provided your contact details? **(Section 1)**
- provided the details, including member number, of your spouse? **(Section 2)**
- provided COMPLETE payment instructions? **(Section 3)**
- provided your correct bank account details and a copy of your bank statement, where required? **(Section 3)**
- provided correct details of your nominated rollover fund, where required? **(Section 4)**
- provided a copy of the SMSF's bank statement (if you are rolling over to an SMSF)? **(Section 4)**
- provided details of your existing Active Super account or indicated that you wish to open a new Active Super account, where required? **(Section 5)**
- considered providing your TFN? **(Section 6)**
- elected how you want to provide proof of identity and provided identification details or certified documents? **(Section 7)**
- signed and dated the Applicant declaration? **(Section 9)**
- completed the Permanent Retirement Statutory Declaration if you are retired?

9. YOUR DECLARATION

By signing this request form I am making the following statements:

- I understand that LGSS Pty Limited (ABN 68 078 003 497) (the "Trustee") can provide me with information but cannot give me investment advice and the PDS is a general guide and does not constitute investment advice.
- I have fully read the important notes, the relevant PDS and/or fact sheet.
- The information completed is true and correct.
- I understand how the Trustee will use my personal information.
- I am aware about fees or charges that may apply, I understand the effect this payment may have on the benefits, and do not require further information.
- I discharge Active Super of all further liability in respect of the benefits paid out of Active Super.

Name

Signed Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

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

Please mail original documents as they are required for proof of identity. Please do not email.

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.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').