

APPLICATION FOR INFORMATION UNDER THE FAMILY LAW ACT

ACTIVE SUPER

Use this form if you're requesting information for a member of the Lifetime Guaranteed Income or Fixed Term Guaranteed Income under the Family Law Act 1975.

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

1. YOUR DETAILS

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"/> <input type="text"/>	
Date of birth (DD MM YYYY)	<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"/>	Title (eg. Ms, Mr) <input type="text"/>
Given name(s)	<input type="text"/>	
Family name	<input type="text"/>	
Email address	<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. BASIS OF APPLICATION

I hereby apply for information, in accordance with the *Family Law Act 1975*, about the following superannuation interest(s) of the member below in Active Super.

Given name(s)	<input type="text"/>		
Family name	<input type="text"/>		
Member no 1 (if known)	<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"/> <input type="text"/>	Date (DD MM YYYY)	<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"/>
Member no 2 (if known)	<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"/>	Member no 3 (if known)	<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"/>

2. BASIS OF APPLICATION (CONTINUED)

Please select only ONE (1).

The information required is effective as at: the date this application is received by the Trustee; **OR**
 an earlier date, being (DD MM YY):

Please select only ONE (1).

In support of my application, I declare that:

- I am the member referred to above.
- I am the spouse of the member referred to above.
- I am intending to enter into a superannuation agreement under Part VIII B of the *Family Law Act 1975* with the member referred to above.

Please select only ONE (1).

And I require the information to:

- assist me to properly negotiate a superannuation agreement.
- assist me in connection with the operation of Part VIII B of the *Family Law Act 1975*.

3. YOUR DECLARATION

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

- I declare that I have fully read the important notes, the relevant PDS and/or Fact Sheet;
- I declare that the information provided is true and correct;
- I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.

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 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.

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').