

Use this form to make a one-off contribution to your Active Super account.

Please select the scheme name and member number of the account into which you want to make your one-off contribution:

Accumulation Scheme

Retirement Scheme

Defined Benefit Scheme

Member no.

Member no.

Member no.

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

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

NOTE: If you wish to roll over funds into your existing super account, please complete the *Transfer-in authority* form available from activesuper.com.au

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're not 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 can't accept after-tax contributions from you.

1. YOUR DETAILS

Date of birth (DD MM YY)

Title (e.g. Ms)

Given name(s)

Family name

Email

Phone (home)

Phone (work)

Phone (mobile)

Postal address

No./Street

Suburb/Town

State/Territory

Postcode

Residential address select if same as postal address above

No./Street

Suburb/Town

State/Territory

Postcode

2. YOUR TAX FILE NUMBER

My TFN is:

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

- We'll 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.

IMPORTANT

Make sure you do not exceed the contributions cap limits. Any contributions made above the limit may attract additional tax.

Read more at ato.gov.au

3. ONE-OFF CONTRIBUTION

I am under 75 years of age and wish to make a single payment of \$ into my superannuation account

Please attach a cheque made payable to your scheme:

- Active Super – Accumulation
- Active Super – Retirement
- Active Super – Defined Benefit

and return to us with this completed form.

4. BASIS OF CONTRIBUTION

Please tick ONE (1) of the following options.

I am under age 75 and do not intend to claim a tax deduction for my contribution.

I intend to claim a tax deduction for my contribution. I am between ages 67 and 74 and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during this financial year.

I intend to claim a tax deduction for my contribution. I am claiming an exemption to the work test rule and can confirm that:

- I am aged between 67 and 74;
- I met the work test last financial year and I do not meet the work test during this financial year;
- I had a total super balance of less than \$300,000 at the end of the financial year prior to the one for which I'm claiming an exemption; and
- I have not previously claimed an exemption to the work test.

5. YOUR DECLARATION

By signing this 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 understand that Active Super will be unable to accept any non-concessional (personal post-tax) contribution if I do not provide my TFN to Active Super.
- I understand that any concessional (employer) contributions will be taxed at the top marginal rate plus Medicare levy if I do not provide my TFN to Active Super.
- I declare that the information provided is true and correct.
- I understand that personal information provided on this form will be used to action my request.

Name

Signed

Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

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

Email admin@activesuper.com.au

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.

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