

APPLICATION FOR INFORMATION UNDER THE FAMILY LAW ACT ACTIVE SUPER RETIREMENT SCHEME

Use this form if you are requesting information for a member of the Active Super Retirement Scheme under the Family Law Act 1975.

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1. YOUR DETAILS

Member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s:

Date of birth:

Postal address:

Suburb: State: Postcode:

Residential address (if different from postal address):

Suburb: State: Postcode:

Email address:

Phone (home): Phone (work):

Phone (mobile):

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.

Surname:

Given name/s:

Member account no 1. (if known): Date of birth:

Member account no 2. (if known):

Member account no 3. (if known):

Please select only **one (1)**.

The information required is that effective as at:

- ☐ the date this application is received by the Trustee; or
- ☐ an earlier date, being

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 VIIIB 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 VIIIB of the *Family Law Act 1975*.

continued over...

Contact Us: PO Box 18041, Collins Street East, Melbourne VIC 8003

Contact Centre: 1300 547 873

hello@activesuper.com.au

www.activesuper.com.au

Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the
Local Authorities Superannuation Fund ABN 24 496 637 884

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3. YOUR DECLARATION

I declare that:

1. I understand that the Fund can provide me with information but cannot give me investment advice and the Product Disclosure Statement is a general guide and does not constitute investment advice;
2. I have fully read the important notes, the relevant PDS and/or guide;
3. I have read the Fund's Privacy Policy which is available on request or on the Fund's website and understand how the Fund will use the personal information provided on this form;
4. I understand the effect this payment may have on my benefits, and do not require further information;
5. I discharge the Fund of all further liability in respect of the benefits paid out of the Fund;
6. The information completed is true and correct.

Name:

Signature of member:

Date:

SEND YOUR COMPLETED FORM BACK TO US VIA:

Mail

PO Box 18041, Collins Street East, Melbourne VIC 8003

Please email original documents as they are required for proof of identity.

Please **do not** email.**File upload**Secure file upload at www.visionsuper.com.au/upload-documents/

VISION SUPER IS ONE OF AUSTRALIA'S OLDEST SUPER FUNDS.

We are an industry super fund, that has been supporting workers with super since 1947.

Our focus is improving your returns and keeping your administration fees and costs low to help you grow your retirement benefits.

Active Super is part of Vision Super.