

PERSONAL AND SPOUSE CONTRIBUTIONS FORM

Complete this form if you are intending to make a personal contribution into your Simple Choice Super account, or into your spouse's Simple Choice Super account.*

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

This form may be posted to **Simple Choice Super PO Box R1979 Royal Exchange NSW 1225** or scanned and emailed to info@simplechoicesuper.com.au.

IMPORTANT: Do not use this form if you wish to make a Downsizer Contribution into your Simple Choice Super account. Please complete download and complete the ATO's **Downsizer Contribution into Superannuation Form** available at www.ato.gov.au/Forms/Downsizer-contribution-into-super-form/ and send a copy of the completed form to us.

Section 1 Personal Details

Given Name(s)	<input style="width: 100%;" type="text"/>		
Surname	<input style="width: 100%;" type="text"/>		
Member Number	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 100%;" type="text"/>		
Mobile Phone Number	<input style="width: 100%;" type="text"/>		
Email Address*	<input style="width: 100%;" type="text"/>		
Residential Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>
	City	<input style="width: 100%;" type="text"/>	Postcode
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Simple Choice Super on **02 8556 7576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

Section 2 Eligibility to Contribute

To be able to make voluntary personal contributions to your account, or the account of your spouse, you must meet one of the eligibility criteria under superannuation legislation. The Government restricts the amount that you can contribute to your super account. If you go over these limits, the ATO may apply charges. For more information, see the discussion of contributions caps in the Simple Choice Super Additional Information Booklet available at www.simplechoicesuper.com.au or by contacting us on **02 8556 7576** or via email at info@simplechoicesuper.com.au.

To confirm that you are eligible to contribute, please mark **one large** and **one small** box below to describes your current circumstances. Please contact us immediately if your circumstances change.

A. I am contributing to my own account and:

(a) I am under the age of 67.

- (b) I am aged between 67 and 74 and meet the Superannuation Work Test*, which means that I have been, or I intend to be, gainfully employed for at least 40 hours in 30 consecutive days in the current financial year.
- (c) I am aged between 67 and 74 and are relying on the Superannuation Work Test Exemption** to make voluntary superannuation contributions in my first income year after retirement. I had a Total Superannuation Balance of less than \$300,000 at 30 June of the previous financial year and have not relied on this exemption previously.
- B. I am contributing to my spouse's account and:
- (i) My spouse is under the age of 67.
- (ii) My spouse is aged between 67 and 74 and meets the Superannuation Work Test* of being gainfully employed for at least 40 hours in 30 consecutive days in the current financial year.
- (iii) My spouse is aged between 67 and 74 and is relying on the Superannuation Work Test Exemption** to receive voluntary superannuation contributions in their first income year after retirement. My spouse had a Total Superannuation Balance of less than \$300,000 at 30 June of the previous financial year and has not relied on this exemption previously.

* The Work Test must be satisfied in each financial year that a personal contribution is made by you or on your behalf, unless you are relying on the Work Test Exemption. You are required to complete a new **Superannuation Contribution Eligibility Declaration Form** before the first contribution is made each year.

** The Work Test Exemption is an exemption from the Work Test for voluntary superannuation contributions made by you or on your behalf, in your first income year after retirement.

Section 3 Contribution Type

Please select the type of contribution you are intending to make:

- Personal concessional (before tax) contribution
- Personal non-concessional (after tax) contribution
- Spouse contribution

If you are making a spouse contribution, please provide the personal details of the spouse receiving the contribution.

Given Name(s)	<input type="text"/>
Surname	<input type="text"/>
Member Number	<input type="text"/>
Date of Birth	<input type="text"/>
Mobile Phone Number	<input type="text"/>
Email Address	<input type="text"/>
Residential Address	<input type="text"/>
	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>



Section 4 Tax Deduction

This section should only be completed if you have elected that you are making a personal concessional (before tax) contribution in section 3 above.

Will you be claiming a tax deduction for this contribution? Yes* No

* If you intend to claim a tax deduction for your personal concessional contributions, you must also complete the ATO'S **Notice of Intention to Claim a Tax Deduction Form**. Download this form from the ATO's website at www.ato.gov.au/forms/notice-of-intent-to-claim-or-vary-a-deduction-for-personal-super-contributions/ and **attach a completed form to this application**.

Section 5 Contribution Details

Contribution Type: One Off Recurring*

Payment Amount \$ Reference Identifier
Date of Payment Payment Frequency

* If you are establishing a recurring contribution, you must also complete a **Direct Debit Authority Form**. Download this form from our website at www.simplechoicesuper.com.au and **attach a completed form to this application**. The amount of the payment and the reference identifier must not change.

Section 6 Payment Method

Payment Method: Electronic Funds Transfer

Our account details are:

Diversa Trustees Limited ATF Grosvenor Pirie Master Superannuation Fund Series 2
BSB: 083 001
ACCOUNT: 87 795 2817

For personal contributions to your own account, please enter your Simple Choice Super Member Number as the reference identifier.

For personal contributions to your spouse's account, please enter your spouse's Simple Choice Super Member Number as the reference identifier.

Contributions to Simple Choice Super made in cash or by cheque will not be accepted.

Section 7 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided are true and correct.
- I have read and understood the Simple Choice Super PDS and all related documents applicable to this personal / spouse contribution.
- I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.
- If I am making a contribution to the account of my spouse:
 - I am married to my spouse or live with them on a genuine domestic basis.
 - My spouse and I are Australian residents for tax purposes.
- I accept that this contribution will remain preserved in my account, or the account of my spouse, until a condition of release occurs, such as retirement after reaching preservation age.
- I understand that if the contribution exceeds a contribution cap, I may be subject to additional tax on the excess amount.



x

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Signature

...../...../.....
Date

.....
Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au, phone 02 8556 7576 or email us at info@simplechoicesuper.com.au.