

Contributions splitting application

PLEASE COMPLETE AND SIGN THIS FORM AND RETURN TO:
BUSS(Q), GPO Box 2775, Brisbane Qld 4001

SECTION 1 Your Details

Membership number						Date of birth (DD/MM/YYYY)					
<input type="text"/>						<input type="text"/>					
Mr/Mrs/Ms/Miss			Surname								
<input type="text"/>			<input type="text"/>								
Given names											
<input type="text"/>											
Street number / PO Box				Street name							
<input type="text"/>				<input type="text"/>							
Suburb / Town						State			Postcode		
<input type="text"/>						<input type="text"/>			<input type="text"/>		
Telephone				Mobile							
<input type="text"/>				<input type="text"/>							
Email											
<input type="text"/>											

SECTION 2 Receiving spouse fund details

Mr/Mrs/Ms/Miss			Surname								
<input type="text"/>			<input type="text"/>								
Given names											
<input type="text"/>											
Date of birth (DD/MM/YYYY)				Tax File Number (TFN)							
<input type="text"/>				<input type="text"/>							
Street number / PO Box				Street name							
<input type="text"/>				<input type="text"/>							
Suburb / Town						State			Postcode		
<input type="text"/>						<input type="text"/>			<input type="text"/>		
Telephone				Mobile							
<input type="text"/>				<input type="text"/>							
Email											
<input type="text"/>											

SECTION 3 Receiving Spouse fund details

Is your spouse a BUSS(Q) member? YES NO If no, and your spouse would like to be a member of BUSS(Q), call the Customer Service Team on 1800 657 216 for a Membership application form. Your spouse must have a superannuation account in place before you lodge the Contributions splitting application. OR

If Yes, please provide Membership Number

<input type="text"/>											
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Receiving spouse's fund other than BUSS(Q)

Name of fund

<input type="text"/>											
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Policy / Membership number

<input type="text"/>						The fund's Australian Business Number (ABN)					
<input type="text"/>						<input type="text"/>					



409.4 0707 03 1

SECTION 3 Receiving Spouse fund details (cont.)

The fund's Superannuation Fund Number (SFN)	Superannuation Product Identification Number (SPIN)	
<input type="text"/>	<input type="text"/>	
Street number / PO Box	Street name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 4 Contribution splitting details

From 6 April 2007, up to 85% of concessional (taxed) contributions received for the year can be split eg. only employer and salary sacrifice contributions.

Financial Year ended (YYYY)	Contribution Received	Actual amount to be split and transferred
<input type="text"/>	\$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>

$\times 85\% =$

Your remaining account balance after the split (including fees) must be a minimum of \$5,000.

Note: if you intend to claim a deduction for personal superannuation contributions made during the relevant financial year, you must give the Trustee notice of your intention to claim a deduction before you lodge this contributions splitting application.

SECTION 5 Declaration

Your request and declaration

- I request that you split the contributions shown in Contributions splitting details to my spouse's superannuation account as shown in Receiving spouse fund details.
- I understand that, if my spouse's superannuation account is not with BUSS(Q), a contributions splitting fee of \$100 will be deducted from my account in BUSS(Q).
- I understand that I must maintain a minimum balance of \$5,000 in my BUSS(Q) account.
- I understand that all split contributions to my spouse's account will be preserved.
- I declare that the information provided on this form is correct.

Signature

Date (DD/MM/YYYY)

Your spouse's declaration

- I declare that at the date of this application I am the spouse (married or de facto of the opposite sex) of the person making this application.
- I declare that I am aged
 - less than my preservation age, OR
 - between my preservation age and 65 years and have not retired from the workforce.
- I declare that the information provided on this form is correct.

Signature

Date (DD/MM/YYYY)

Personal information

The personal information that BUSS(Q) collects is used to:

- process your application and requests,
- administer your super account and provide you with benefits and options,
- correspond with you in relation to your super account, benefits and options,
- conduct research about how to improve BUSS(Q)'s service and products, and
- cross match your personal details with other superannuation funds to help locate any other superannuation accounts in your name.

If you choose not to give us your personal information, or provide us with incomplete or inaccurate personal information, we may not be able to provide you with all the benefits of BUSS(Q). Unless required or authorised by law, we will only provide your personal information to authorised service providers who use the information to administer your account and provide services to you, such as to an insurance company that provides you with insurance cover. You are able to gain access to your personal information by asking for it. If you would like to request access to the personal information we hold about you, or want further information on how we handle personal information, please contact the Trustee (BUSS(Q) Pty Ltd) at the address on this form.

Proof of Identity Requirements

You must provide BUSS(Q) with a certified copy of the following documents:

EITHER

One of the following documents only:

- drivers licence issued under State or Territory law
- passport

OR A COMBINATION OF TWO OF THE FOLLOWING DOCUMENTS (ONE FROM GROUP A & ONE FROM GROUP B)

Group A

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits

Group B

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory within the past twelve months that contains your name and residential address. For example: Tax Office Notice of Assessment, or Rates notice from local council

The following people can certify copies of the originals as "true and correct" copies: A permanent employee of Australia Post with 5 years service; a finance company officer with 5 years service; a notary public officer; a police officer; a registrar or deputy registrar of a court; a Justice of the Peace; a legal practitioner enrolled on the roll of a State or Territory Supreme/High Court; an Australian consular officer or an Australian diplomatic officer; a judge of court; a magistrate or Chief Executive Officer of a Commonwealth court.