

Spouse member contribution

Please complete and sign this form and return to: BUSSQ GPO Box 2775, Brisbane Qld 4001 or email a copy to super@bussq.com.au.

For help completing this form call **1800 692 877**, email super@bussq.com.au or visit bussq.com.au.

1 BUSSQ member's personal details (receiving spouse)

BUSSQ member number (if known)

Mr/Mrs/Ms/Miss

Given names

Surname

Date of birth (dd/mm/yyyy)

Daytime contact number

Mobile

Email

Street address

Suburb/Town

State

Postcode

Postal address (if different to above)

Suburb/Town

State

Postcode

2 Is your spouse eligible to receive contributions?

To receive contributions your spouse must meet one of the below eligibility criteria. Select the one that applies to your spouse.

Aged under 67 years.

Aged 67-74 years and meets the work test as they have been gainfully employed for at least 40 hours over 30 consecutive days during the financial year.

Aged 67-74 years and meets the work test exemption as they:

- were gainfully employed for at least 40 hours over 30 consecutive days during the previous financial year,
- have a total superannuation balance of less than \$300,000 at the end of the previous financial year, and
- have not previously relied upon the work test exemption to make contributions.

3 Your personal details (contributing spouse)

Mr/Mrs/Ms/Miss

Given names

Surname

Date of birth (dd/mm/yyyy)

Daytime contact number

Mobile

Email

4 Contribution amount

5 Privacy and other important information

BUSSQ collects and uses your personal information in accordance with the BUS SQ Privacy Statement which is available from our website or by calling 1800 692 877. Please call us if you have any questions about your rights under the privacy legislation.

6 Authorisation and declaration


- We live together in a relationship on a permanent basis that meets the spouse definition as outlined in the BUS SQ *Super Handbook*.
- I declare that all the details in this application form are true and correct.



Please sign and date.

Forms without both a signature and date are unable to be processed.

Signature of applicant



Dated (dd/mm/yyyy)

2 0

Once completed and signed please return this form to: BUS SQ GPO Box 2775, Brisbane Qld 4001 or email a copy to super@bussq.com.au

SIGN
HERE