

CONTRIBUTION SPLITTING FORM

This is the form you should fill out to split superannuation contributions with your spouse. You should read the Product Disclosure Statement (PDS) for Cruelty Free Super before completing this form.

The PDS is deemed to include the Additional Information Booklet and Insurance Guide which can be obtained from www.crueltyfreesuper.com.au or on request by phoning 1300 022 762

This form must be posted to Cruelty Free Super GPO Box 263, Sydney, NSW 2001.

Section 1 Personal details

Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Member number	<input type="text"/>		
Date of Birth	<input type="text"/>		
Gender	<input type="text"/>		
Phone number	<input type="text"/>		
Email address*	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

*By providing your email address, you consent and authorise us to send communications or information in electronic format, including information required by law, to you via email or similar technologies.

You can elect to receive communications by post at any time by contacting Cruelty Free Super on 1300 022 762 or email hello@crueltyfreesuper.com.au or in writing at GPO Box 263, Sydney, NSW 2001.

Section 2 Spouse details

Given Name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text"/>
Phone number	<input type="text"/>



Email address

Tax File Number

Address

City

State

Postcode

Section 3 Your spouse's superannuation account

Name of Fund

Fund USI

Member Number

The amount to be split into your spouse's account must not exceed 85% of your contributions for the financial year or exceed the concessional contributions cap. Complete the amount to be split below.

Dollar amount

or

Percentage amount

%

Section 4 Spouse Declaration

I confirm that I am (select one)

Aged less than my preservation age

Between my preservation age and 65 and not permanently retired

.....
Signature

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

Section 5 Declaration and Signature

By completing this form I declare that:

- I have read the Cruelty Free Super Product Disclosure Statement and related information.
- I understand that I can only make one split application per financial year.
- I understand that a contributions splitting application may be rejected without reasons being provided.

x

.....
Signature

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