

## PERSONAL CONTRIBUTION FORM

This is the form you should fill out to make a personal contribution into your account. 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](http://www.crueltyfreesuper.com.au) or on request by phoning 1300 022 762

This form may be posted to Cruelty Free Super GPO Box 263, Sydney, NSW 2001 or emailed to [hello@crueltyfreesuper.com.au](mailto:hello@crueltyfreesuper.com.au)

### Section 1 Personal details

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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"/>

\*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](mailto:hello@crueltyfreesuper.com.au) or in writing at GPO Box 263, Sydney, NSW 2001.

### Section 2 Contribution Type

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- Personal contribution
- Self-employed contribution
- Concessional contribution (before-tax)
  - Non-concessional contribution (after-tax)

Spouse contribution

If you are making a spouse contribution, please include details of the spouse receiving the contribution in section 1 of this form, and the details of the spouse who is making the contribution below.

Full name of spouse	<input type="text"/>
Mobile or phone	<input type="text"/>
Email	<input type="text"/>



## Section 5 Tax deduction

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

If you intend to claim a tax deduction for your contributions you must also complete the notice of intent to claim a tax deduction. You can download this form from the ATO website.

## Section 3 Contribution details

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Contribution type:  One off  Recurring

Payment amount	<input type="text" value="\$"/>	Reference used	<input type="text"/>
Date of payment	<input type="text"/>	Payment Frequency	<input type="text"/>

If you are establishing a recurring contribution to your account, the amount of the payment and the reference used must not change.

## Section 4 Payment method

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Payment method:  BPay  Electronic Funds Transfer

Our account details are below:  
Cruelty Free Super Applications Account  
BSB: 182 512  
ACCOUNT: 961273190

Cash contributions to Cruelty Free Super are not allowed.

## Section 3 Declaration and Signature

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By completing this form I declare that:

- I have read the PDS and received all the information I require in order to exercise the choices I have made. I have made an informed decision because I have read the PDS to which this Personal Contribution applies. All the details I have provided in this form are true and correct.
- I confirm I am eligible to make this contribution to .
- I accept this contribution will remain preserved until a condition of release occurs, such as retirement after reaching preservation age.
- I consent to my personal information being used for the purpose of making this transaction.
- If I have provided my TFN, I declare that I have read the important information about my tax file number and consent to providing my TFN for the legal purposes stated, including finding and amalgamating my superannuation benefits, providing information to the ATO, and providing information to another superannuation fund if I transfer my benefits.

x

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Signature Date ...../...../.....