

Section 1

CONTRIBUTION SPLITTING FORM

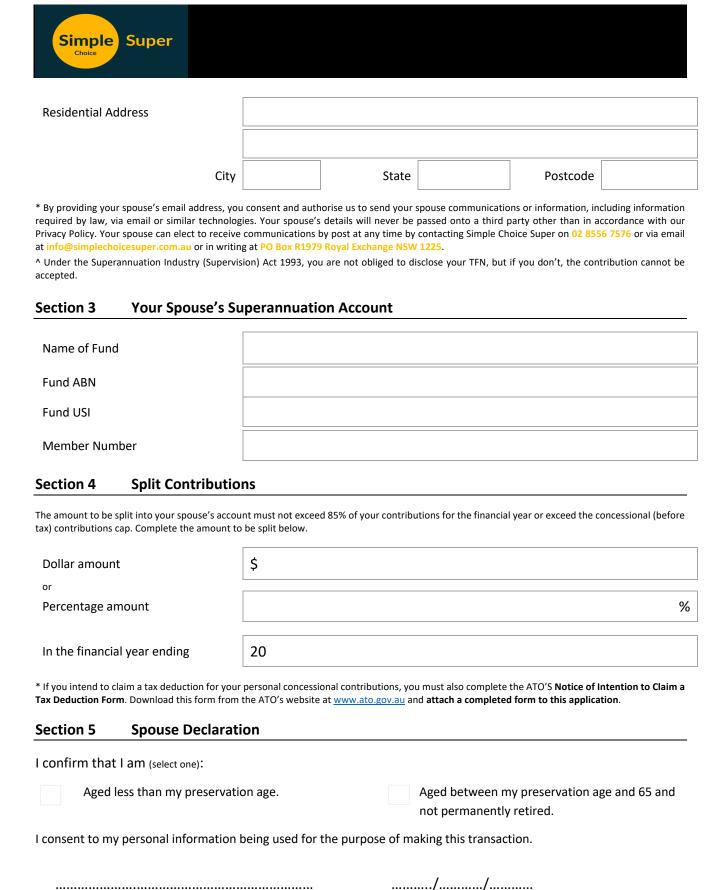
Personal Details

Complete this form if you are intending to split your concessional (before tax) superannuation contributions with your spouse.

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 1225or scanned and emailed to info@simplechoicesuper.com.au.

Jestion 2 Terrorian Details	<u>* </u>				
Given Name(s)					
Surname					
Member Number					
Date of Birth					
Mobile Phone Number					
Email Address*					
Residential Address					
City		State		Postcode	
* By providing your email address, you consent via email or similar technologies. Your details wi receive communications by post at any time by writing at PO Box R1979 Royal Exchange NSW 1 Section 2 Spouse Details	ill never be passed contacting Simple	onto a third party oth	er than in accordance	with our Privacy Poli	cy. You can elect to
Section 2 Spouse Details					
Given Name(s)					
Surname					
Date of Birth					
Mobile Phone Number					
Email Address*					
Tax File Number^					



Date

Signature



Section 6 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided in this form are true and correct.
- I have made an informed decision because I have read and understood the PDS and AIB to which this application applies
- 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 understand that I can only make one split application per financial year.
- I understand that once the contributions have been transferred to my spouse's account, they belong to my spouse.
- I accept that this contribution will remain preserved in 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.
- I consent to my personal information being used for the purpose of making this transaction.
- I have read and understood the Privacy Statement and understand how Simple Choice Super will use my personal information.

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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 to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation 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. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au or phone 02 8556 7576.