

Form > SA Ambulance Service Superannuation Scheme APPLICATION TO SPLIT ELIGIBLE CONTRIBUTIONS

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**SUPER SA**
contributing to your future

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to **Super SA**.

1. Contributing Member Personal Details

Super ID

 Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Date of birth / /

Email*

Telephone* (W)

(H)

(M)

Employee no

OFFICE ONLY

Membership class

-
- AD
-
-
- EL
-
-
- EM
-
-
- NC

Contact us**Address**Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)**Postal**

GPO Box 48, Adelaide, SA 5001

Call(08) 8207 2094 or 1300 369 315 (for
regional callers)**Email**

supersa@sa.gov.au

Website

www.supersa.sa.gov.au

*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

You need to complete this form for each financial year that you would like to split super contributions with your spouse. You can only make one contribution splitting application each financial year.

Checklist

Please remember that before Super SA is able to process your application you and your spouse need to complete all sections on this form. If you do not provide the requested information, there will be a delay in processing your application.

- I have completed my personal details (section 1).
- I have provided my contribution splitting details (section 2).
- I have completed the member declaration (section 3).
- My spouse has completed their personal details (section 4).
- My spouse has supplied Super SA with their tax file number (section 5).
- My spouse has completed the spouse declaration (section 6).

2. Member Contribution Splitting Details

I would like the following contributions to be split into my spouse's account:

- Contributions for the current financial year. Note: This option is only available if you are closing your account. You will also need to complete an *Application for Payment of Resignation/Retirement* form and return it to Super SA with this form.

OR

- Contributions for the previous year:

Employer/Award contributions to be split

\$ _____ or % _____

Voluntary salary sacrifice contributions to be split

\$ _____ or % _____

Please note:

– Each contribution split must be a minimum of \$1,500.

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3. Member Declaration

- I declare that the information provided on this form is true and correct.
- I declare that I am currently employed in the SA Ambulance Service.
- I understand that the amount specified in section 2 of this contribution splitting application will be transferred from my SA Ambulance Service Superannuation Scheme account into my spouse's account and that this cannot be reversed.

Signature _____

Date _____

4. Receiving Spouse Personal Details

 Mr Ms Miss Mrs Dr Prof

Surname _____

Given name(s) _____

Address _____

Postcode _____

Date of birth / /

Email _____

Telephone (W) _____

(H) _____

(M) _____

Do you have an existing active or preserved account in the
SA Ambulance Service Superannuation Scheme?

 Yes No

Super ID: _____

Do you have an existing Spouse Account?

 Yes No

Super ID: _____

If you have answered no to both of these questions, a Spouse Account will be set up in your name using the information provided above.

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5. Receiving Spouse Tax File Number (TFN)

Tax file number

Providing your TFN will ensure that your entitlement is taxed concessionally. However, if you choose not to provide your TFN, tax will be deducted at the highest marginal rate. Declining to provide your TFN is not an offence.

6. Receiving Spouse Declaration

I declare that at the date of this application I am the spouse of the applicant as defined below*, and

I am less than preservation age

OR

I am between my preservation age and age 65 and have not met a condition of release**.

Note: you must tick one of the boxes above.

Signature 

Date

*The SIS Act stipulates that a spouse includes another person who, although not legally married to the person, lives with the person on a genuine domestic basis as the husband or wife of the person. This does not provide for a same sex partner to be deemed a spouse.

Date of birth	Preservation Age
Before 1 July 1960	55
1 July 1960 to 30 June 1961	56
1 July 1961 to 30 June 1962	57
1 July 1962 to 30 June 1963	58
1 July 1963 to 30 June 1964	59
After 30 June 1964	60

** Conditions of release:

- Retired permanently from the workforce having reached preservation age
- Left an employment arrangement after age 60
- Reached age 65
- Become totally and permanently disabled