# Step 1: Member (Contributing spouse) details

Account number*	Member number
	D         M         Y         Y         Y
First name*	
Middle name	
Last name*	

### Step 2: Contributions split amount

In the space below, please nominate the dollar amount or percentage of the eligible contributions you wish to split into your spouse's superannuation account. For more information on the maximum amount you can nominate to split, please refer to the Notes section.

1. Taxed splittable contributions (eg superannuation guarantee, salary sacri ce and personal deductible contributions) for the last nancial year.

Percentage		% (used whole numbers only)							
OR	 				_				
Dollar amount	\$					(in whole dollars)			

2. Taxed splittable contributions (eg superannuation guarantee, salary sacri ce and personal deductible contributions) for the current nancial year – only complete if you are exiting your current Aware Super account.

Percentage		% (used whole numbers only)
OR		
Dollar amount	\$,	(in whole dollars)

Step 3: Receiving spouse details										
Title	Date of birth*           D         M         Y         Y         Y									
Middle name										
Last name*										
Home address* (mu	ist not be a PO Box)									
Suburb		State	Postcode							
Mobile number*	Daytime c	contact number								
Step 4: Rece	eiving spouse fund details	;								

Fur	nd na	ame	*												
Fur	nd ad	ddre	SS*												
							]								

## Step 5: Member (Contributing spouse) - provide proof of identity

Please complete () one of the options below.

- □ I have previously provided certi ed proof of identity documents or provided the electronic veri cation information below to Aware Super and I am not changing my name, date of birth or mobile phone number, providing bank details for the rst time or changing a previously nominated bank account.
- □ I will provide proof of identi cation for electronic veri cation.

### Step 7: Member declaration

#### To be completed by the 'contributing spouse'

#### I declare that:

- My spouse is \_\_\_\_\_\_ to whom I am legally married and not permanently separated from, or live with on a bona de domestic basis as partners (this includes same sex partners).
- I request to split my contributions from my Aware Super account (detailed in Step 1) into my spouse's superannuation account (detailed in Step 4).
- I understand that any insurance cover may be cancelled if there are insu cient funds left in my account to cover the cost of the insurance premiums as a result of this split.
- I understand that the amount I am splitting will be withdrawn proportionally from each of my investment options excluding any term deposits.
- I understand that my application cannot be revoked once processed.
- I authorise the use of my personal details the purpose of electronic data veri cation. I understand that my information will be used to verify my identity electronically using independent data sources.
- I have read, understood and accept the Aware Super privacy policy.
- All details on this form are true and correct.

Signature*	Date signed* (DD-MM-YYYY)
First name* (print in CAPITAL letters)	
Last name* (print in CAPITAL letters)	
Step 8: Spouse declaration	
To be completed by the 'receiving spouse'	
I declare that:	
<ul> <li>My spouse is and not permanently separated from, or live with on a b same sex partners).</li> </ul>	to whom I am legally married bona de domestic basis as partners (this includes
<ul> <li>I am requesting to receive my spouse's contributions spouse's contributions spouse's contributions</li> </ul>	plit amount into my superannuation account.
<ul> <li>I am under preservation age (at least age 55, dependir age and age 65 and not permanently retired.</li> </ul>	ng on my date of birth) or I am between preservatior
• I understand that the amount transferred to my superar	nnuation account will be preserved until I meet a
<ul><li>condition of release.</li><li>I authorise the use of my personal details for the purpo</li></ul>	ose of electronic data veri cation. I understand that
my information will be used to verify my identity electro	
• I have read, understood and accept the Aware Super p	privacy policy.
<ul> <li>All details on this form are true and correct.</li> </ul>	
Signature*	Date signed* (DD-MM-YYYY)
-	

# Notes



If you are outside Australia

The following people can certify copies of the originals:

•

This page has been left blank deliberately.