



Superannuation Contribution Splitting Application

PO Box J 755, Perth WA 6842
Level 4 Central Park, 152 St Georges Tce, Perth WA 6000
Member Services Centre 13 GESB (4372)
Facsimile 1800 300 067
Website gesb.com.au

THIS FORM ENABLES YOU TO:

- SPLIT YOUR SUPER CONTRIBUTIONS WITH YOUR SPOUSE. YOUR SPOUSE DOESN'T HAVE TO BE A CURRENT GESB MEMBER TO RECEIVE OUR CONTRIBUTION.
- OPEN A NEW GESB SUPER ACCOUNT FOR YOUR SPOUSE IF YOU WOULD LIKE TO KEEP THE SPLIT CONTRIBUTIONS WITH GESB.
- SELECT HOW MUCH OF YOUR SUPER YOU WOULD LIKE TO SPLIT WITH YOUR SPOUSE EITHER WITHIN THE CURRENT FINANCIAL YEAR OR IN THE PREVIOUS FINANCIAL YEAR.

Section 1 – Your details

Please provide your GESB Member Number and personal details.

GESB Member Number

WIN No. Office Use Only

Mr Mrs Miss Ms Other

Surname (Family Name) please print

Given Names

Date of Birth / / Male Female

Age Next Birthday

Residential Address

Postcode

Postal Address (If different from residential)

Postcode

Email Address

Telephone – Home Telephone – Work

 () ()

Telephone – Mobile

Section 2 – Depositing contributions

Please complete the section relevant to one of the following options.

OPTION 1. DEPOSIT CONTRIBUTIONS IN MY SPOUSE'S EXISTING WEST STATE SUPER OR GESB SUPER ACCOUNT

Provide their Member Number below.

Spouse's GESB Member Number (if applicable)

WIN No. Office Use Only

Email Address

Telephone – Home

Telephone – Work

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Telephone – Mobile

Note: Your spouse may nominate an Investment Plan for his/her account by completing an Investment Choice form or using Member Online at gesb.com.au. If no Investment Plan is selected, contributions will be invested in the default Balanced Growth Plan. You can change your Investment Plan anytime through Member Online.

OPTION 2. OPEN A GESB SUPER ACCOUNT FOR MY SPOUSE

Please complete the following details.

Mr Mrs Miss Ms Other

Surname (Family Name) please print

Given Names

Date of Birth / / Male Female

Residential Address

Postcode

Postal Address (If different from residential)

Postcode

FOR OFFICE USE ONLY



Note: GESB has a Privacy Statement to ensure that it handles private information about individuals responsibly. Our Privacy Statement is available on our website or can be obtained by contacting our Member Services Centre.

Email Address

Telephone – Home

Telephone – Work

Telephone – Mobile

Note: Your spouse may nominate an Investment Plan for his/her account by completing a GESB Super Investment Choice form. This is available to download from our website at gesb.com.au. If you do not nominate an Investment Plan, the default Balanced Growth Plan will be selected for you. You can change your Investment Plan anytime through Member Online.

OPTION 3. DEPOSIT MY CONTRIBUTION INTO MY SPOUSE’S EXISTING SUPER FUND ACCOUNT IN ANOTHER SUPER FUND

If your spouse is not a GESB member, please provide the following details.

Mr Mrs Miss Ms Other

Surname (Family Name) please print

Given Names

Date of Birth

Male

Female

Residential Address

Postcode

Postal Address (If different from residential)

Postcode

Email Address

Telephone – Home

Telephone – Work

Telephone – Mobile

Name of Spouse’s Fund

Address of Fund

Postcode

Telephone Number of Fund

Fund’s Australian Business Number (ABN)

Fund’s Superannuation Product Identification Number (SPIN)

OR

Fund’s Registrable Superannuation Entity Number (RSE)

Spouse’s Member Number (in Fund)

Section 3 – How much of my contribution to split

Contributions to be split from my following account:

 GESB Super West State Super

Previous financial year ending

Contributions to be split:

Nominated amount

OR total amount available

OR

Current financial year

Contributions to be split:

Nominated amount

OR total amount available

Section 4 – Request and declaration

CONTRIBUTING SPOUSE

1. I request that you split the contributions detailed in Section 3 to the super account of my spouse as detailed in Section 2.
2. If I have elected to split current financial year contributions, I have completed a Benefit Access form to access my benefit.
3. I understand this is restricted to one valid application per financial year.

Your Signature

Date

RECEIVING SPOUSE

(IF YOU ARE A NEW OR EXISTING GESB MEMBER)

In signing this form I acknowledge that:

1. I understand that the contribution will be allocated to West State Super or GESB Super account and invested in my nominated Investment Plan. If I am a new member of GESB Super and have not nominated an Investment Plan, I understand all monies will be invested in the default Balanced Growth Investment Plan.
2. If I am a new member, I have read the GESB Super Product Information Booklet and understand it serves as general information only and does not contain financial advice.
3. I understand that any benefits accruing on my behalf in West State Super or GESB Super are subject to rules and conditions of release applicable to that scheme, including preservation standards (see relevant Product Information Booklet).
4. I declare that at the date of this application I am the spouse of the applicant and I am aged:
less than the preservation age (currently 55 years)
OR
between the preservation age (currently 55 years) to 65 years and have not retired from the workforce.

BOTH PARTNERS

In signing this form we confirm:

1. At the time of making this application we live together on a bona fide domestic basis as a married couple or de facto partners.

Contributing Partner

Your Signature

Date

Spouse

Your Signature

Date

Please send your completed form to:

GESB
PO Box J 755
Perth WA 6842