Family law regulation 144 notice

1800 005 166
info@caresuper.com.au
GPO Box 1547, Hobart TAS 7001

Important information

This form should be completed by the individual who's receiving a super benefit from their former spouse, after a splitting order or agreement has been completed.

Section 1

Your personal details

Mr Mrs Ms Miss Other

Date of birth (DD MM YYYY)

Last name

Male Female

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Postal address as above

OR

Suburb/Town/City

State

Postcode

Home phone

Mobile

Work phone

Email

Your tax file number (TFN)

If you don't provide your tax file number your payment may be delayed.

You don't have to provide your TFN, but you may pay extra tax, miss out on government incentives and you can't make personal contributions. Read our *How super works* guide available at **caresuper.com.au/pds** for more information.

FMDE08 07/2026

Section 2

Personal representative details

Are you represented by a legal representative, support worker or other person or organisation? ☐ Yes ☐ No

Representative last name

Representative given name(s)

Representative email

Representative postal address

Suburb/Town/City | State | Postcode

Section 3

Your former spouse

We need some information about your former spouse.

Is your former spouse a member of CareSuper?

☐ Yes ☐ No ☐ I don't know

Member number (if known) | Account number (if known)

Date of birth (DD MM YYYY)

Last name

Given name(s)

Email

Postal address

Suburb/Town/City | State | Postcode

Section 4

Payment instructions

How would you like your benefit paid?

☐ **Option 1: Keep with CareSuper**

If you're already a member of CareSuper, please provide your account details below.

Member number | Account number

If you don't already have a CareSuper account, we'll set one up for you. For more information about CareSuper see our *Member PDS* available at **caresuper.com.au/pds**.

☐ **Option 2: Transfer to another super fund**

Provide details of your other fund in section 5.

Section 5

Transfer to another super fund

We'll transfer the full payment amount to the fund specified below.

If you haven't provided your tax file number in section 1, you'll need to provide proof of your identity. Please see our *Guide to providing proof of ID* fact sheet available at **caresuper.com.au/forms-publications** for more information.

New super fund details:

Fund name

Phone

Member number

USI

ABN

☐ **I'm transferring to a self-managed super fund**

Self-managed super fund name

ABN

Electronic service address (ESA)

Self-managed super fund bank account name

BSB number

Account number

Section 6

Declaration

By signing this form I'm making the following statements:

- I've fully read this form and the information is true and correct.
- I discharge the CareSuper trustee from any further liability in respect of my benefits paid and transferred from CareSuper.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at **caresuper.com.au/privacy-policy** or by calling us on **1800 005 166**.
- I request and consent to the payment of my benefits as described in this form, and authorise CareSuper to determine the tax treatment of my benefit.

Your signature

Date (DD MM YYYY)

CareSuper

An Industry SuperFund

Return the completed, signed and dated form via:

- **upload using the Contact Us portal in Member Online**
- **email to info@caresuper.com.au**
- **mail to CareSuper, GPO Box 1547, Hobart TAS 7001**