

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.

Personal representative details

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Your former spouse

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Payment instructions

Provide details of your other fund in section 4.

Transfer to
another super
fund

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.

Fund name

[illegible]

Phone

[illegible]

Member number

[illegible]

USI

[illegible]

ABN

[illegible]

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Self-managed super fund name

[illegible]

ABN

[illegible]

Electronic service address (ESA)

[illegible]

Self-managed super fund bank account name

[illegible]

BSB number

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Account number

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Declaration

- 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

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Date (DD MM YYYY)

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