

# Family law request for super information (Form 6 declaration)

1800 005 166  
[info@caresuper.com.au](mailto:info@caresuper.com.au)  
GPO Box 1547, Hobart TAS 7001

## Important information

Use this form to request information about a super account following the breakdown of a marriage or de facto relationship, or to enter into a super agreement.

This form is also known as a *Form 6 declaration and super information request*. If you make a false or misleading statement in a declaration you may be subject to penalties.

Before you complete this form, make sure you read our *Super and family law* fact sheet.

We'll provide the following information:

- account details including date joined fund and eligible service period
- estimated valuation at the date we receive this application, unless you specify a different date(s) in section 5
- preservation and tax components

**⚠** We aren't allowed to tell members if their spouse or former spouse has asked for information about their super, and we won't provide either party with information relating to their former spouse's address or contact details.

## Section 1

### Your personal details

Mr Mrs Ms Miss Other Date of birth (DD MM YYYY)

Last name

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

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**Section 2****Purpose of your application**

I'm asking for information because: Choose one option only.

 I'm a member of CareSuper and I'm requesting information on my own account. I'm the spouse or former spouse of the following CareSuper member:

Full name

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 I'm intending to enter into a super agreement under the *Family Law Act 1975* with the following CareSuper member:

Full name

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**Section 3****Reason you need information**

I need the information to: Choose one option only.

 help me to properly negotiate a super agreement. help me in relation to a family law matter.

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**Section 4****The member whose super information is being requested**

Member number (if known)

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Account number (if known)

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Date of birth (DD MM YYYY)

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Last name

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Given name(s)

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**Section 5****Valuation dates**

We'll provide an estimated valuation based on the date we receive this application, unless you specify an earlier date(s) below.

Please provide me with an estimated valuation as at:

Date 1 (DD MM YYYY)

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Date 2 (DD MM YYYY)

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Date 3 (DD MM YYYY)

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**Section 6**

**Where should the information be sent?**

We'll send the information to your postal address as provided in section 1, unless you tell us otherwise below.

I'd like this information to be sent:

to me. Choose one option only

my email address as provided in section 1

my postal address as provided in section 1

to my lawyer. Please provide the following

Lawyer's name

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Lawyer's address

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Lawyer's email address

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**Section 7**

**Declaration**

**By signing this form, I declare that:**

- the information provided is true and correct
- I understand that it's an offence to make a false or misleading statement in this declaration, and that if I do I may face up to 12 months imprisonment
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at [caresuper.com.au/privacy-policy](https://caresuper.com.au/privacy-policy) or by calling us on **1800 005 166**

Your signature

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Date (DD MM YYYY)

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**Return the completed, signed and dated form via:**

- upload using the Contact Us portal in Member Online
- email to [info@caresuper.com.au](mailto:info@caresuper.com.au)
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001