

Contribution form



IMPORTANT

Use this form if you want to make personal contributions by cheque. Attach your cheque to this form and complete all sections.

To make a BPAY® contribution call **1300 360 149** or log in to MemberOnline at caresuper.com.au/login to find your Reference Number and Biller Code. Then make the payment from your bank account.

Complete this form in blue or black pen using BLOCK LETTERS and tick where applicable.

1. YOUR PERSONAL DETAILS

Member account number (if known) _____ / / _____
Date of birth (DD/MM/YYYY)

Surname _____ Title _____

Given names _____

Residential address (required) _____

Suburb _____ State/territory _____ Postcode _____

Mobile _____ Daytime telephone _____

Email _____

For more information on claiming a tax deduction on your personal contributions, see overleaf.

2. PAYMENT BY CHEQUE

I've attached my cheque as payment for a one-off contribution.

CHEQUE DETAILS

Bank name/financial institution _____

Cheque number _____ \$ _____
Contribution/cheque amount

Please make your cheque payable to CareSuper and attach it to this form.

3. YOUR TAX FILE NUMBER (TFN)

My tax file number is: _____ OR

Tick (✓) if previously provided

Providing your TFN to CareSuper is not compulsory and not supplying it is not an offence. However, if you don't tell us your TFN:

- You might pay more tax on your super contributions. Sometimes you may be able to claim this tax back, however time limits and other rules may apply.
- CareSuper may not be able to accept contributions for you
- You may pay more tax than you have to when you claim your superannuation benefits
- It may be more difficult for CareSuper to locate or consolidate all your superannuation benefits.

To read our full TFN statement please go to: caresuper.com.au/tfncollectionstatement



DID YOU KNOW?

You can tell us your TFN when you log in to MemberOnline at caresuper.com.au/login or call **1300 360 149**.

4. IMPORTANT INFORMATION

Cheques can take up to 3 working days to be allocated to your account (after we have received it together with your completed form).

Your eligibility to make certain types of contributions may depend on your total super balance. If you reach these limits, there will be restrictions on the types and amounts of contributions you can make in the following financial year. More information is available at caresuper.com.au/knowyourlimits.

CLAIMING A TAX DEDUCTION

If you intend to claim a tax deduction on your contribution, you'll also need to complete a **Notice of intent to claim or vary a deduction** form available at ato.gov.au, and return it to CareSuper before the earliest of the following:

- Lodging your tax return for the year in which you've made the relevant contribution
- The end of the following financial year.

For more information on claiming a tax deduction, call **1300 360 149**.

You may not be able to submit a **Notice of intent to claim or vary a deduction** if you have made a withdrawal from your account. Contact us before you request a benefit payment or rollover.

There is a limit (or cap) to the amount of contributions you can make without incurring additional tax. If you exceed the cap you may have to pay extra tax. Visit ato.gov.au to find out more.

5. CONFIRMATION OF EMPLOYMENT STATUS

Please (✓) tick as appropriate

I'm under 67 years of age.

OR

I'm aged between 67-74 and I meet the age and work test requirements for personal contributions. I have been gainfully employed at least 40 hours over 30 consecutive days in this financial year with one or more employers. We can't accept personal contributions once aged 75.

OR

I'm aged between 67-74 and am eligible for the work test exemption. That is:

- I met the work test last financial year,
- I had a total superannuation balance below \$300,000 on 30 June of the last financial year, and
- This is the first financial year I have made or received a contribution under the work test exemption.

6. AUTHORISATION

PRIVACY

In completing this form:

- I confirm that I've read the CareSuper Privacy Policy at caresuper.com.au/privacypolicy
- I understand how CareSuper intends to handle my personal information and that my personal information will only be used for the purposes specified
- I consent to the collection and use of my personal information by the Trustee for the purpose of making contributions.

If you have any questions about your rights under the privacy legislation, please call **1300 360 149**.

DECLARATION

I declare that all the information supplied by me on this form is true and correct. I understand CareSuper can only accept contributions based on the employment status requirements outlined above.

X

Member's signature

Date (DD/MM/YYYY)

Full name



Please keep a copy of this document for future reference.



YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign it.

ONCE YOU'RE DONE

Return your cheque and completed form to:

**CareSuper
Locked Bag 20019
Melbourne VIC 3001**

For more information call **1300 360 149**