

Family law regulation 72 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

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	Date of birth (DD MM YYYY)								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Last name										Male		Female	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Given name(s)													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential address													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suburb/Town/City										State		Postcode	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Postal address as above												
OR													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suburb/Town/City										State		Postcode	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home phone						Mobile							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work phone													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your tax file number (TFN)													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.



Section 2

Your former spouse

Member number (if known)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account number (if known)

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Date of birth (DD MM YYYY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given name(s)

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Section 3

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 4.

Section 4

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

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ABN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Electronic service address (ESA)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Self-managed super fund bank account name

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BSB number

--	--	--	--	--	--

Account number

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Section 5

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001