

Contributions splitting application form



We respect your privacy and handle your information in accordance with our privacy policy. All forms and information about our privacy policy are available on investinfo.com.au/premiumchoice

There are specific legislative and business rules applicable to amounts that may be split. For these rules please refer to the PremiumChoice Contributions Splitting Instruction Guide when completing this form.

Part A – To be completed by member

1. Your personal details

Account number

Contact telephone (business hours)

Title

Mr Mrs Miss Ms Other

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Gender

Male Female

Residential address

Postcode

2. Claiming a tax deduction for personal contributions

Do you want to claim a tax deduction for personal contributions made to your account in the current or previous financial year?

No **Please go to Section 3**

Yes Please complete and return a **Notice of intent to claim or vary a deduction for personal contributions** form available from investinfo.com.au/premiumchoice. You must claim before you request to contribution split.

3. Intent to split contributions made in the previous financial year

Do you wish to split with your eligible spouse, contributions you have made in the previous financial year?

No **Please go to Section 4**

Yes You can split up to 85% of your **taxed** contributions in the previous financial year.

Please select the dollar (\$) or percentage (%) amount you wish to split.

Taxed Contributions \$ or %

Part A – To be completed by member continued

4. Intent to split contributions made in the current financial year

Do you wish to split with your eligible spouse, contributions you have made in the current financial year?

No Please go to **Section 5**

Yes You can elect to split up to 85% of your **taxed** contributions made during the current financial year if you are **fully rolling over** to another super fund or having your account **paid out in full**.

Please select the dollar (\$) or percentage (%) amount you wish to split.

Taxed Contributions \$ or %

5. Investment Transfer details

Tax Optimisation

Apply first in first out (FIFO) to this transaction

Apply high cost first out (HCFO) to this transaction

Note: To amend your account default tax optimisation method please complete an Update Account Details form. HCFO is not available for transactions on Model Portfolios. If you do not elect a default tax optimisation method the default will be FIFO.

Efficient transfer to your spouse's account

When your spouse has an account within the same superannuation service you can make your contribution split without investment assets being sold. You can also select specific investments to be transferred. Please note, any potential for capital gain or loss attributable to the investments being transferred will also carry across to the spouse's account. Shares transferred to your spouse's account must meet the minimum holding requirement of \$500 per share. To enable us to process a request to transfer investments into an account in the Core Investment List, 100% of the investments selected for transfer must be on the Core Investment List.

Sell down investments and cash contribution split to your spouse's account

All other contribution splits require the sell down of investment units and a cash transfer. This process may have capital gains tax implications and may incur transaction costs such as brokerage (please refer to the applicable Product Disclosure Statement for details).

If you choose to sell down investments for a cash transfer to your spouse's account, the cash transfer will be invested as per their most recent investment allocation instructions. Refer to the current applicable Product Disclosure statement for further details.

Please tick one of the following:

Investment transfer to spouse's account as per the table below (please complete details)

Sell down investments as per table below (please complete details)

Sell down investments as per my current sell down priority (proceed to section 6)
(If no option is chosen your current sell down priority will be used.)

Investment name(s)	APIR/ASX code	Contribution amount (\$ or %)						
		\$,		.		%
		\$,		.		%
		\$,		.		%
		\$,		.		%
		\$,		.		%
		\$,		.		%
		\$,		.		%
		\$,		.		%
		\$,		.		%
TOTAL		\$,		.		%

Part B – Details of receiving spouse

6. Receiving spouse personal details

Title	First name
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="text"/>
Middle name	Family name
<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	Gender
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential address	
<input type="text"/>	
	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

7. Receiving spouse account details

Is the split to be made to a current superannuation account held by the receiving spouse with PremiumChoice?

Yes Please provide the receiving spouse's account number below and then go to **Section 8**

PremiumChoice account number

No Please complete below

If the contributions split is to be paid to a superannuation provider other than PremiumChoice, please provide the following details:

Provider name

Account name

Account number

Address

Postcode

Product name

Australian Business Number (ABN)

Account number

8. Applicant request and declaration

I request that the Trustee split an amount to my eligible spouse's superannuation account based on my instructions in Part A and Part B of this form. I understand that if either Part A or Part B is incomplete or unclear the Trustee will reject this form. I declare that the information I have provided is complete and correct. I understand that if I do not have available funds in my account this form will be rejected.

Signature of member

<input type="text"/>	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part B – Details of receiving spouse continued

9. Investment suitability for receiving spouse

This section does not need to be completed if cash is being received.

To assess which investment options are right for you, please refer to the relevant disclosure documents for each investment option selected for investment objectives and timeframes, and risk measures. Please respond to the following questions for all investment products you've selected, excluding Shares:

The investments I've selected have a risk measure that I'm prepared to accept

Yes No

I'm aware of the minimum suggested investment timeframe

Yes No

There may be a delay processing your application if responses aren't provided, while we contact you for more information. If we don't receive a response we'll proceed with your application with the understanding that your responses are 'Yes'.

10. Declaration of receiving spouse

I declare that at the date of this application I am eligible to receive a split of contributions from my spouse as I am:

less than preservation age; or

between preservation age and 65 years and have not retired from the workforce.

I request that the Trustee split an amount to my superannuation account in accordance with Part A and Part B of this form. I declare that the information I have provided on this form is complete and correct. I understand that if either Part A or Part B of this form are incomplete or do not meet the requirements set out in this form and the Product Disclosure statement the Trustee will not accept the application and the contributions split will not proceed.

Signature of spouse

	Date (DD/MM/YYYY)									
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11. Financial adviser details

Was personal financial advice provided for this transaction?

Yes No

If you don't answer this question we'll assume the answer is 'No'.

Name of the financial Adviser

Adviser number

Contact telephone number (business hours)

Fax number

Email

12. Send us your form

Please mail, fax or email your completed, signed and dated form to:

PremiumChoice Client Services
GPO Box 1610
Melbourne 3001
Fax: 03 9869 1595
Email: premiumchoice@investinfo.com.au

If you have any questions please speak with your financial adviser, call us on 1300 880 054 Monday to Friday between 8.00am and 6.00pm (AEST/EDT) or visit investinfo.com.au/premiumchoice

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