

Non-Member Spouse Information Collection

How to use this form

If you're entitled to receive a super split amount from a QSuper member because of a family law matter, you'll need to complete this form.

We're required to collect some of this information under Regulation 144 of the *Family Law (Superannuation) Regulations 2025* and some information to process the splitting order.

You have the option to list a third party as your contact to release information about your Family Law Split. This could include a legal representative, support worker or other person or organisation. If you would like for this to happen, please select the button in Section 2 and provide their details.

Please complete in **BLOCK** letters, using blue or black ink. *Denotes a mandatory field.

1 Personal details

Title First name*

Last name*

Previous name¹ (if we know you by another name)*

Date of birth (dd/mm/yyyy)* Home phone number

Mobile phone number Work phone number

Email address²

Residential address

State Postcode

Postal address² As above

State Postcode

2 Name of member spouse

Title First name

Last name

3 Where your money will go

Your QSuper Accumulation account

I have an existing QSuper Accumulation account.

Client number

OR

You can find your client number on your annual statement or by logging in to Member Online.

I want to open a new QSuper Accumulation account, as I do not currently have one.

- I confirm I have read the Product Disclosure Statement for Accumulation Account (PDS), and want to apply to open an Accumulation account.
- I understand that any money I add to this account will be automatically invested in the QSuper Lifetime investment option.

Insurance with your new Accumulation account

If eligible, you may automatically receive insurance cover with an Accumulation account. For information about available insurance and eligibility, terms, and conditions, please see the Insurance Guide.

I do not want to receive automatic insurance.

This means we will not automatically provide you with cover, even if your employment situation changes. If you want to take out cover in the future, you can apply any time, subject to the eligibility, terms, and conditions at that time.

¹ If you've changed your name, you'll need to give us certified copies of either a marriage certificate or other legal change of name document.

² We need either your email OR your postal address, but suggest you provide both. If you are providing details of a personal representative, you can provide their email OR postal address instead.

4 Personal Representative details

I consent to information related to my Family Law split, to be provided to the personal representative listed below. Note: This is optional.

Title* First name*

Last name*

Organisation

Date of birth (dd/mm/yyyy) Home phone number

Mobile phone number Work phone number

Email address²

Postal address²

State Postcode

5 Declaration and authorisation

Please confirm that you understand the product you have applied for by signing and dating this form below.

- I understand that if I do not already hold an Accumulation account, one will be opened for me. I have read and agree to the terms and conditions in the Product Disclosure Statement for Accumulation Account (PDS), and the Financial Services Guide.
- I understand that any insurance cover that I may receive as a result of this application won't start until I meet the eligibility criteria detailed in the Insurance Guide. Once I am a member, I can apply for, cancel, or change my cover at any time, subject to eligibility conditions. Premiums are calculated in accordance with the PDS.
- I also agree to be bound by the Trust Deed and the governing rules of QSuper in relation to the operation of my account.
- I confirm that the information I have given is true and correct.
- I confirm that I am the person identified in this form, or have a power of attorney (POA) to act on the applicant's behalf.³

Signature

Date signed (dd/mm/yyyy)

³ If you are acting on behalf of an applicant under a power of attorney, we require a certified copy of the power of attorney to be supplied with this form.

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations

Member Services team

Phone 1300 360 750
Overseas +61 7 3239 1004
 Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001
Email qsuper@qsuper.qld.gov.au
Fax 1300 242 070
Website qsuper.qld.gov.au

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