

Non-Member Spouse Information Collection

How to use this form

If you're receiving 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 72 of the *Family Law (Superannuation) Regulations 2001* and some information to process the splitting order.

Please complete in **BLOCK** letters, using blue or black ink.

1 Personal details

Title	First name
Last name	
Previous name ¹ (if we know you by another name)	
Date of birth (dd/mm/yyyy)	Home phone number
Mobile phone number	Work phone number
Email address	
Residential address	
State	Postcode
Postal address	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 *QSuper Product Disclosure Statement for Accumulation and Income Accounts (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 *Accumulation Account 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.

4 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 *QSuper Product Disclosure Statement for Accumulation and Income Accounts* (PDS), QSuper's privacy factsheet, 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 *Accumulation Account 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.²

Signature

Date signed (dd/mm/yyyy)

² 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

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 Main Hospital Building, 6 Doherty Street, Birtinya

Member Services team

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