# **Work Declaration**

## When to use this form

Complete this form if you are age 67-74 years old and want to let us know you are eligible to make voluntary contributions to your super.

Make sure you complete a new Work Declaration form if your work arrangements change during the financial year.

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



Personal details

Client number

Your client number can be found on your annual statement or by logging in to Member Online.

Title

First name

Last name

Previous name<sup>1</sup> (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



## Eligibility to make a voluntary contribution

If you are age 67-74, you are required to meet one of the below conditions to make a voluntary contribution to your super.

Let us know which condition you have met below.<sup>2</sup>

#### I am age 67-74 and have:

Met the work test by working at least 40 hours over 30 consecutive days in the current financial year (the financial year that you are making this contribution).

**Met the work test exemption** by meeting the work test in the previous financial year, having a total superannuation balance below \$300,000 at 30 June of the previous financial year, and I have not made or received a work test exempt contribution in any previous financial year.

If you are age 67-74 years old, and have not met one of the above conditions, you may not be eligible to make a voluntary contribution to your super. For more information on your contribution options, please read our Personal Contributions Guide available at qsuper.qld.gov.au/guides or call uson 1300 360 750, and we'll be happy to discuss your options.



## Declaration

- · I am the person named on this form.
- The information I have provided on this form is true and correct.

#### Signature

(Please sign in blue or black pen – We do not accept electronic signatures on this form.)

Date signed (dd/mm/yyyy)





## **Member Centres**

 $\label{thm:control} \mbox{Visit} \ \mbox{\bf qsuper.qld.gov.au/membercentres} \\ \mbox{for locations}$ 

## 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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DF-230 FO71 07/23