

Spouse contributions form

VALID FROM 1 NOVEMBER 2009



Please complete this form in **BLACK PEN** and **CAPITAL LETTERS**. Receiving Spouse Member No.

Complete this form if you want to make a one-off contribution to your spouse's Media Super account or regular spouse contributions via direct debit.

For information regarding spouse contributions, please read 'Section 4: Additional information' on page 2.

Media Super's Superannuation Product Identification Number (SPIN): PIN0100AU



Section 1: Receiving spouse's details

You must complete this section and sign the completed form.

Member number*	Mr/Mrs/Ms/Miss/Dr	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Given names		
<input type="text"/>		
Address		
<input type="text"/>		
		State
		Postcode
		<input type="text"/>
Telephone (home)	Telephone (work)	
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	
Tax file number (TFN)	Mobile number	
<input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		

* The receiving spouse must be a member of Media Super to receive spouse contributions. To join Media Super, complete a **Member application form**, available in the back of the **Member Booklet** (Product Disclosure Statement). For more information, visit www.mediasuper.com.au/joinmediasuper or phone **1800 640 886**.

Section 2: Paying spouse's details

You must complete this section and sign the completed form.

Mr/Mrs/Ms/Miss/Dr	Gender	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Surname		
<input type="text"/>		
Given names		
<input type="text"/>		
Address		
<input type="text"/>		
		State
		Postcode
		<input type="text"/>
Telephone (home)	Telephone (work)	
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	
Mobile number		
<input type="text"/>		
Email address		
<input type="text"/>		

Spouse contributions form (cont.)

Section 3: Contribution details

Contribution amount: \$

Select () one:

OPTION 1: Complete ONLY if you are making a one-off contribution via EFT

I have transferred the contribution amount to the account shown below:

Account name: Media Super

Name of bank: Commonwealth Bank of Australia

BSB: 064-000 **Account number:** 1024 1281

Fax completed form to: 1800 246 707 on the day you make the EFT.

OPTION 2: Complete ONLY if you are making a one-off contribution via cheque

I have attached a cheque for the contribution amount

I have banked a cheque for the contribution amount

Please make cheques payable to 'Media Super'.

OPTION 3: Complete ONLY if you are making regular contributions via direct debit

I have attached a completed **Direct Debit Request form**

Return completed form to:

Media Super, Locked Bag 1229, Wollongong NSW 2500

Notes

- You may wish to seek personal financial advice before making a contribution to superannuation.
- The **Direct Debit Request form** is available at www.mediasuper.com.au/forms or phone **1800 640 886**.

Section 4: Additional information

SPOUSE REBATE

If you make a contribution for a spouse who earns less than \$13,800 (assessable income and total reportable fringe benefits) you may be eligible to receive a tax rebate of up to \$540.

To qualify for the rebate:

- You must make a spouse contribution for your husband, wife or defacto (including same-sex partners) to a complying super fund;
- You must be living permanently with your spouse at the time you make the spouse contribution;
- Your contribution must be an after-tax contribution, i.e. you have not claimed a tax deduction for the contribution, and
- You and your spouse must both be Australian residents when the contributions are made.

CONTRIBUTING SPOUSE

- Must not be the employer of the receiving spouse, and
- Must be receiving assessable income to claim a tax rebate

AGE-BASED CONTRIBUTION RULES

There are age-based contribution rules that may affect whether your spouse can receive a super contribution from you:

AGE	RULE
Under 65	No restrictions
65-69	The receiving spouse must have been gainfully employed on at least a part-time basis (at least 40 hours in a consecutive 30-day period in the same financial year that the spouse contribution is made)
70 or over	Cannot receive spouse contributions

CO-CONTRIBUTIONS

Spouse contributions are not eligible for the Government co-contribution.

Section 5: Declaration

Please sign and date this form, and return it to the address shown below.

Please ensure that the amount in 'Section 3: Contribution details' is allocated to my spouse's Media Super account as a spouse contribution.

I have read and understood the information on this form (including 'Section 4: Additional information') and in the Media Super Product Disclosure Statement.

I confirm that these contributions are made in accordance with the requirements set out in Section 4: Additional information.

Applicant's signature (Contributing spouse)

X

Date (DD/MM/YYYY)

/ /

Your privacy

The information you provide in this form is collected by and held for Media Super by the Fund administrator, Pillar Administration, in accordance with the *Privacy and Personal Information Protection Act 1998*, under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies. For further information about privacy, contact Pillar Administration by writing to Locked Bag 1229, Wollongong NSW 2500 or visit www.mediasuper.com.au