Date Stamp (Internal Office Use Only)

wa super

Personal/Self employed contribution advice

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an X

SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr X Mrs X Miss X Ms X Dr X

First name/s

Female X Male X

Date of Birth D D M M Y Y

Street address

Suburb/town

State

Postcode

Postal address (if different to street address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

SECTION 2 - CONTRIBUTION DETAILS

Types of contributions:

- **Member post tax contributions** are made by a member and can only be claimed as a tax deduction by a self employed member.
- **Spouse contributions** are contributions made by a legally married or defacto spouse living with the member on a genuine domestic basis. These contributions will not be claimed as a tax deduction by the member or the spouse making the contribution.
- **Recontribution strategy** involves withdrawing a lump sum from your superannuation account, and subsequently recontributing the funds back into superannuation.
- **Self Employed Contributions** are contributions made by a self employed member, for which a tax deduction will be claimed.

a) What type of personal contribution would you like to make?

X Self employed contribution (MC) $

X Personal post tax contribution (MC) $

X Spouse contribution (SC) $

X Recontribution strategy (MP) $

Total amount $

Please note: If you intend to claim a tax deduction you must also submit a 'Notice of intent to claim a tax deduction for super contributions or vary a previous notice' form (NAT 71121-06.2012), which is available on the ATO website. Time restrictions apply to the notice period required.

SECTION 3 - PAYMENT OPTIONS

X Option 1 - Bpay payment (For Personal post tax and self employed contributions only.)

If you are making a payment using BPAY you do NOT need to submit this form.

BPAY

Biller Code: 18622

Reference: Please log into your online account to obtain your personal reference number or contact the Fund.

Contact your bank, credit union or building society to make this payment from your cheque, savings or debit card account. For more information visit www.bpay.com.au.

X Option 2 - Payment by cheque

Please make cheques payable to:

"WA Local Government Superannuation Plan Pty Ltd"

SECTION 4 - TAX DETAILS

Supplying your Tax File Number (TFN) to the Fund is optional. Before you decide whether to provide your TFN, we are required to notify you of the following information:

- The Trustee is authorised under the Superannuation Industry (Supervision) Act 1993 to collect your TFN.
- Your TFN is confidential and it is not compulsory to provide it. However, if you choose not to provide it now or later, you may have to pay significantly more tax on your contributions than you should, we may not be able to accept certain types of contributions and each withdrawal you make will be subject to tax at the highest marginal tax rate. It may also prove more difficult to locate or transfer in any benefits due to you, without your TFN.
- If you do choose to provide your TFN, it will only be used for lawful purposes. These include finding or identifying your super where other information is insufficient, calculating any tax payable on contributions or payments provided and providing information to the ATO. These purposes may change in the future due to legislative requirements.
- If you provide your TFN, the Trustee may then also provide your TFN to the Trustee of any other super fund provider, to which your benefts may be transferred in the future, unless you advise us in writing not to do so. Your TFN will not be provided to any other party or individual.

Please enter your Tax File Number (TFN) ☐☐☐☐☐☐☐☐☐

SECTION 5 - DECLARATION OF ELIGIBILITY TO CONTRIBUTE TO SUPERANNUATION

a) Are you between the ages of 65 - 74?

☐ Yes (go to question b) ☐ No (go to section 6)

b) Have you worked at least 40 hours in no more than 30 consecutive days in the current financial year?

☐ Yes (go to section 6) ☐ No. You have not met the work test therefore you are not eligible to make personal contributions. We may return any personal contributions we receive from you.

SECTION 6 - ACKNOWLEDGEMENT AND DECLARATION

- I declare that all details in this form are true and correct.

Signature

Date

D D | M M | Y Y Y Y

WA Local Government Superannuation Plan Pty Ltd ABN 64 066 797 162, AFSL 269006, as Trustee for WA Local Government Superannuation Plan ABN 18 159 499 614

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