

Direct Voluntary Contribution

For assistance & enquiries: **Ph 132 467**

Please send this completed form and cheque to: **Intrust Super, GPO Box 1416, Brisbane QLD 4001**

PLEASE MAKE CHEQUES PAYABLE TO: INTRUST SUPER



Form must be completed in full to make voluntary contributions to your account in Intrust Super via payroll deduction or lump sum payment. **Please write in BLOCK letters using a BLUE or BLACK pen. This request will be invalid if it is unsigned or undated.**

1: Member details

Intrust Super member number

Mr/Mrs/Ms/Miss Surname

Given Names

Telephone (Home)

Mobile

Date of Birth (DDMMYYYY)

Email

POSTAL ADDRESS

Street number/PO Box

Street name

Suburb/Town

State

Post code

2: Tax File Number [TFN]

Under the *Superannuation Industry [Supervision] Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

Intrust Super may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing to Intrust Super that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to Intrust Super will have the following advantages [which may not otherwise apply]:

- Intrust Super will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Tax File Number [TFN] details

Tax File Number

Please Note: If we do not have your TFN, you will not be able to make personal voluntary contributions to your account.

I give Intrust Super permission to search for lost super on my behalf using my TFN.

3: Payroll deductions

With your employer's agreement, complete this section to make after tax voluntary contributions or to change the amount you already contribute by payroll deduction. Please sign and keep a copy of this form, and return the original to your employer.

Contribution to be paid by payroll deduction:

Amount

% of salary/wage

Frequency

Enter current contribution below if changing amount:

Amount

% of salary/wage

Frequency

Please deduct from my pay the new amount shown above, and forward it to Intrust Super within 14 days of the end of the month in which it was deducted. **Please note: If you'd like to make contributions to Intrust Super from your before-tax salary/wage [i.e. by salary sacrifice], talk to your employer.**

4: Lump sum payments

By Cheque

To make a lump sum payment, please attach a cheque made payable to Intrust Super to this form and send to:

Intrust Super
GPO Box 1416
Brisbane Qld 4001

By BPay

To make a payment via BPAY please phone us on 132 467 to get your individual reference number.

My Individual BPay Reference Number is:

Intrust Super's Biller Code is:

4 4 3 7 8 8

Once you have your number, visit your bank online or in person to set up your BPAY. Then you can set up regular contributions. Remember that contributions paid by BPAY can take a few days to process.

By Direct Debit

To make a payment by direct debit you will need a Member Direct Debit Service Agreement form. Please phone us on **132 467** and we will send you the information you need to set up your direct debit.

5. Eligibility to contribute

To be able to make voluntary contributions, you must meet one of the eligibility criteria under superannuation laws. To confirm that you are eligible to contribute, please tick the box below that describes your circumstances.

- I am under the age of 65
- I have reached age 65 but not age 75, and I have worked at least 40 hours in a period of 30 consecutive days in the current financial year. Please contact Intrust Super immediately if your circumstances change.

Please note: There is an annual limit of \$100,000 [or \$300,000 averaged over three years if under age 65] on non-concessional [after-tax] contributions and that contribution amounts exceeding these limits will be taxed at the highest marginal rate.

6. Declaration

To complete this form, sign and date below.

- I confirm that I have read the information on the Tax File Number Notification.
- I understand that the personal information I have provided on this form will be used for the purpose of administering my account [and in particular claiming an appropriate tax deduction under tax legislation].

Signature of member



Date [DDMMYYYY]