

# Work test exemption declaration

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

Please send this completed form to: **Intrust Super, GPO Box 2755, Brisbane QLD 4001**



**Please write in BLOCK letters using a BLUE or BLACK pen. This request will be invalid if it is unsigned or undated.**

You can change your contact details, update your beneficiaries and advise your TFN online. To register for MemberAccess, go to [intrust.com.au](http://intrust.com.au)

## 1: Current Member details [Please complete in full]

Intrust Super member number

Date of Birth (DDMMYYYY)

Mr/Mrs/Ms/Miss Surname

Given Names

## 2: Work Test Employment Questionnaire

To be eligible for an exemption from the Work Test you need to satisfy certain criteria. Please tick all that apply:

- I am aged between 67-74 years.
- I have met the Work Test rules in the previous financial year.
- I had a total superannuation balance of less than \$300,000 at the end of the previous financial year.
- I have not previously relied upon an exemption from Work Test rules to make contributions in a previous year.

## 3: Declaration

### I declare that

- The information I have provided and any associated documentation in support of the changes advised in this form are, to the best of my knowledge, true and accurate.
- I understand the Trustee of Intrust Super Fund [the Trustee] will rely on this information in good faith and my record kept by the Trustee will reflect the information in this form.
- I will immediately notify the Trustee if any of my personal details change in the future.
- I understand and accept the information contained in this form may be shared with representatives, advisers and service providers of the Trustee and my employer[s].
- The information provided in this form could potentially alter my entitlement eligibility and insurance arrangements [if applicable].

Signature of member



Date (DDMMYYYY)