

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

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 65-74 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)