

Return this completed form to:

legalsuper  
 GPO Box 4952  
 Melbourne VIC 3001  
 DX145 Melbourne  
 Phone: 1800 060 312  
 Fax: 1800 614 431  
 Email: [mail@legalsuper.com.au](mailto:mail@legalsuper.com.au)

# Spouse contribution form

A completed Spouse Contribution form must be sent to **legalsuper** with each spouse contribution.  
 Please use **BLOCK letters and black** in when completing this form.

## 1. Personal details of receiving spouse

Mr  Mrs  Ms  Miss  Dr  Justice

Surname

Given names

Residential address (Cannot be a P.O. Box)

Town or Suburb

State

Postcode

Date of birth (dd/mm/yyyy)

Driver's licence number

Telephone number (Work)

Telephone number (Home)

Mobile number

Email

## 2. Personal details of taxpaying contributor

Mr  Mrs  Ms  Miss  Dr  Justice

Surname

Given names

Postal address

Town or Suburb

State

Postcode

Date of birth (dd/mm/yyyy)

Email

Occupation

## 3. Spouse's membership details

Is the receiving spouse currently a member of **legalsuper**?

Yes  No

If YES, please provide **legalsuper** member number.

If NO, your spouse will need to join **legalsuper** before they can receive contributions made by you. See the *Member Application* form in the back of the Product Disclosure Statement (PDS), which you can obtain by contacting **legalsuper**.

**legalsuper** is also not permitted to accept any one contribution exceeding \$150,000 (\$450,000 if spouse aged under 65). If your spouse is aged 75 or more, you are not permitted to contribute to their superannuation fund, but their benefit can remain in **legalsuper** and continue to grow.

If this cap affects you, or if you would like more information, please contact **legalsuper** Customer Service on **1800 060 312** or refer to our website [www.legalsuper.com.au](http://www.legalsuper.com.au) for further details.

## 4. Contribution amount

Amount of Spouse Contribution (Please make cheques payable to 'legalsuper')

\$

## 5. Declaration

I have read and understood the above conditions and the details set out in this form. I confirm that these contributions are made for a spouse, by an Australian resident taxpayer earning assessable income, or for my receiving spouse who is an Australian resident under age 65.

### Privacy

In completing this *Spouse Contribution Form*:

- I confirm that I have read the **legalsuper** Privacy policy on page 60 of the PDS. I understand how **legalsuper** intends to handle my personal information and that my personal information will only be used for the purposes specified.

- I consent to the collection and use of my personal information by the Trustee for the purpose of making spouse contributions into **legalsuper**.

If you have any questions about your rights under the Privacy legislation, please call **legalsuper** on **1800 060 312**.

Member's signature

Date (dd/mm/yyyy)