



Application to Pay Spouse Contributions

Get the facts first

Before completing this form, please read the **Product Disclosure Statement (PDS)** for the Military Superannuation and Benefits Scheme, as well as the Spouse Contributions fact sheet which is available from the MilitarySuper website www.militarysuper.gov.au.

Who should use this form?

Use this form if you are a current Member of the Defence Force Retirement and Death Benefits Scheme (DFRDB) or the MilitarySuper Scheme (MSBS) and you wish to make superannuation contributions on behalf of your spouse.

When to use this form

You need to complete this form so that the MSB Board can assess whether your spouse is eligible to receive spouse contributions before you can start paying these contributions.

Definitions

To be eligible to receive spouse contributions, your spouse must be a person who shares a marital or couple relationship with you.

A marital or couple relationship exists if you have been living together as husband, wife or partner on a permanent and bona fide domestic basis for a continuous period of at least three years.

If the period is less than three years, the MSB Board will need to consider evidence to determine if spouse contributions can be received. This includes, but is not limited to, evidence establishing any of the following:

- your spouse is wholly or substantially dependent on you
- you are legally married to each other
- you have a relationship that was registered under law as a prescribed type of relationship
- you have a child born of the relationship or adopted during the relationship
- you have a child of both of you within the meaning of the *Family Law Act 1975*
- you jointly own a home which is your usual residence.

If you are making the contribution you are the contributing spouse.

The person on whose behalf you are making the spouse contribution is the receiving spouse.

Privacy

The MSB Board and our administrator, ComSuper, are committed to protecting any information you give us. Your information will be used to send you news about your super and to contact you if we need to in the future.

Your information will not be used for any other purpose or disclosed to another party, unless:

- you authorise us to do so
- it is required by law
- it is to an Independent Research Firm who may, on our behalf, invite you to participate in a survey about our service (they are required to protect this information from disclosure to another party). If you do not want your contact details passed to this firm, please put a cross in the box at **Part D** on **page 5**.

What happens next?

ComSuper will advise you and your spouse if spouse contributions can be paid into in the MSB Fund. ComSuper will also advise your spouse of his or her spouse account reference number. You can then start paying spouse contributions by deductions from your salary or by making payments direct to ComSuper by cheque or money order. Each time you make a payment direct to ComSuper you must use the Spouse Contributions—Deposit Form (**MAC 04**) available from the MilitarySuper website **www.militarysuper.gov.au**.

You will be advised if your spouse is not eligible to receive spouse contributions.

Lodgement

Return your completed application form to:

MilitarySuper
PO Box 22
Belconnen ACT 2616

PART B

Receiving spouse details

9. Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

10. Date of birth ^D ^D / ^M ^M / ^Y ^Y ^Y

11. Address **RESIDENTIAL ADDRESS**

SUBURB **STATE** **POST CODE**

POSTAL ADDRESS

SUBURB **STATE** **POST CODE**

12. Phone number **BUSINESS HOURS**

AFTER HOURS

MOBILE NUMBER

13. Email address

@

14. Are you a current DFRDB or MSBS Member? No Yes – please indicate which:

MSBS

DFRDB

What is your membership number?

15. Under the *Superannuation Industry (Supervision) Act 1993*, we are 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. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving us your TFN will have the following advantages (which may not otherwise apply):

- we will be able to accept all types of contributions (subject to scheme rules);
- 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.

If you have already provided your TFN to us, you are under no obligation to provide it again in this application.

Your tax file number

Your tax file number remains confidential

PART C**Relationship details**

16. Are you legally married or in a relationship that was registered under a law of a state or territory as a prescribed kind of relationship?

No – Go to **Question 17**

Yes – Date of marriage or registration of relationship

D	D	M	M	Y	Y	Y	Y

(include a copy of your marriage/registered relationship certificate.
Go to **Question 20**)

17. Do you live together on a permanent and bona fide domestic basis?
(Please refer to the **Relationship Definitions** Fact Sheet, available on the website)

No – Was the separation due to illness or posting?

No

Yes – (Please provide a statutory declaration advising detail)

Yes

If yes, please provide statutory declarations completed by two persons outside your immediate family (preferably by professional or business people) who can affirm that the relationship existed on a permanent and bona fide domestic basis and the date on which it commenced.

Date you commenced living together

D	D	M	M	Y	Y	Y	Y

18. Do you hold any bank, credit union or building society accounts in joint names?
- No
- Yes – (Please provide evidence to support your claim)
19. Do you have joint ownership of a property which is your normal place of residence?
- No
- Yes – (Please provide evidence to support your claim)
20. Are you wholly or substantially dependent on the contributing spouse?
- No
- Yes – (Please provide evidence to support your claim)

PART D**Privacy**

21. We do not want our contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by ComSuper.

PART E**Declaration**

22. We declare that the information provided above is correct.

Contributing spouse signature

SIGNATURE

Date signed

D	D	M	M	Y	Y	Y	Y

Receiving spouse signature

SIGNATURE

Date signed

D	D	M	M	Y	Y	Y	Y

END FORM