

Contribution Splitting Form



Please note forms claiming a tax deduction for contributions by self-employed members must be lodged with the Trustee prior to the lodging of this contributions splitting application form. The law prohibits the Trustee from accepting a notice for a claim for a tax deduction for contributions by a self-employed member where a contributions splitting application form has already been lodged in relation to the contributions.

Section 1: SPLITTING MEMBER DETAILS

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Postal Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Residential Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Telephone (BH):	<input type="text"/>	(AH):	<input type="text"/>
		Mobile:	<input type="text"/>
Email:	<input type="text"/>	Membership Number:	<input type="text"/>
<input type="checkbox"/>	I agree to provide my Tax File Number: <input type="text"/>		
<input type="checkbox"/>	I do not agree to provide my Tax File Number (Please read the information on TFNs under the Important Information section overleaf)		

Section 2: RECEIVING SPOUSE DETAILS

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Postal Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Residential Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Email:	<input type="text"/>	Membership Number:	<input type="text"/>
<input type="checkbox"/>	I agree to provide my Tax File Number: <input type="text"/>		
<input type="checkbox"/>	I do not agree to provide my Tax File Number (Please read the information on TFNs under the Important Information section overleaf)		

Section 3: SPOUSE FUND DETAILS

Name of Spouse's Superannuation Fund:	<input type="text"/>	ABN:	<input type="text"/>
Superannuation Fund Number (SFN) of Spouse's Fund:	<input type="text"/>		
Unique Superannuation Identifier (USI):	<input type="text"/>		
Member Account Number (if applicable):	<input type="text"/>		

Section 4: CONTRIBUTION SPLITTING DETAILS

Tax contributions* to be split:	Dollar amount: \$	<input type="text"/>	or percentage:	<input type="text"/>	%
Untaxed contributions^ to be split:	Dollar amount: \$	<input type="text"/>	or percentage:	<input type="text"/>	%
Contribution made in financial year ending:	30 June	<input type="text"/>			

*Taxed splittable contributions are generally all employer contributions made on your behalf and for self-employed members any deductible contributions made in the previous financial year. A maximum of only 85% of these contributions can be split and therefore if you are specifying a percentage to be split please do not specify more than 85%.

^ Untaxed splittable contributions are generally your personally undeducted contributions and government co-contributions made in the previous financial year. A maximum of 100% of these contributions can be split.

Section 5: APPLICANT REQUEST AND DECLARATION

I request that you split the contributions detailed in Section 4 to the superannuation account of my spouse as detailed in Section 3. I declare that the information provided on this form is true and correct.

Applicant Name:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>
Witness Name: (other than spouse)	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

Section 6: SPOUSE REQUEST AND DECLARATION

I declare that at the date of this application I am the spouse of the applicant and I am ages:

- Less than my preservation age; or
- Between my preservation age and 67 years and have not retired from the work force.

Name:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

Section 7: IMPORTANT INFORMATION

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. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, where your benefits are being transferred, unless you request the trustee of your superannuation fund 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 your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- Your superannuation fund 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 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.

"Retirement" means where you are less than 60 years of age an employment arrangement you are in comes to an end and you do intend to work full time or part-time again or if you 60 years or older your employment arrangement simply comes to an end.

Please return this completed form to NQ Super & Pension PO Box 3528, Tingalpa DC Qld 4173 or email to info@nqsuper.com.au

Phone: 1300 986 450 Fax: (07) 3902 9899 Website: www.nqsuper.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of NQ Super & Pension's Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.nqsuper.com.au