

Superannuation contribution splitting



What you need to do

This form should be used by members to apply to split their superannuation contributions. A limit of one splitting application will be accepted in relation to contributions made in a particular financial year.

1. Member details (applicant to have contributions split)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/> (please specify): <input type="text"/>	Gender M/F <input type="checkbox"/>	Date of birth <input type="text"/>
Surname <input type="text"/>					Given name(s) <input type="text"/>	
Preferred name <input type="text"/>					Member number <input type="text"/>	
POSTAL ADDRESS						
Street no./ PO Box <input type="text"/>		Street name <input type="text"/>		Suburb <input type="text"/>		
State <input type="text"/>		Postcode <input type="text"/>		Country <input type="text"/>		
Phone (H) <input type="text"/>		Phone (W) <input type="text"/>		Mobile phone <input type="text"/>		
Email <input type="text"/>						
RESIDENTIAL ADDRESS						
Same as postal address <input type="checkbox"/>		Different to above; please complete the information below <input type="checkbox"/>				
Street no. <input type="text"/>		Street name <input type="text"/>		Suburb <input type="text"/>		
State <input type="text"/>		Postcode <input type="text"/>		Country <input type="text"/>		

2. Receiving spouse details (recipient of splittable contribution)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/> (please specify): <input type="text"/>	Gender M/F <input type="checkbox"/>	Date of birth <input type="text"/>
Surname <input type="text"/>					Given name(s) <input type="text"/>	
Preferred name <input type="text"/>					Member number <input type="text"/>	
POSTAL ADDRESS						
Street no./ PO Box <input type="text"/>		Street name <input type="text"/>		Suburb <input type="text"/>		
State <input type="text"/>		Postcode <input type="text"/>		Country <input type="text"/>		
Phone (H) <input type="text"/>		Phone (W) <input type="text"/>		Mobile phone <input type="text"/>		
Email <input type="text"/>						

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2. Receiving spouse details (recipient of splittable contribution) continued

RESIDENTIAL ADDRESS

Same as postal address ☐ Different to above; please complete the information below ☐

Street no. Street name Suburb
State Postcode Country

3. Receiving spouse nominated superannuation fund

(please nominate the super fund for which your splittable contributions are to be rolled over to)

Payment method (please tick)

☐ Pay splittable amount to my Child Care Super account, or

☐ Pay splittable amount to nominated superannuation fund (please complete fund details below).

Fund name

Fund's Australian business number (ABN)

Fund's superannuation fund number (SFN)

Fund's superannuation product identification number (SPIN)

4. Contributions splitting details

Financial year ending 30 / 06 / 20 Taxed splittable contributions to be split \$ OR %

Note: If you intend to claim a deduction for personal superannuation contributions made during the relevant financial year, you must give the Trustee notice of your intention to claim a deduction before you lodge a superannuation contributions splitting application.

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 correct.

Name Signature ☒ Date

6. Receiving spouse declaration

I declare that at the date of this application I am the spouse of the applicant and I am less than my preservation age, OR between my preservation age and 65 years and not retired.

Name Signature ☒ Date

Next step

Send completed form to:
Child Care Super, GPO Box 2788, Melbourne VIC 3001

Need help?

Call Member Services on 1800 060 215 from 8am to 7pm (AEST)
Monday to Friday or visit childcaresuper.com.au.

