



CONTRIBUTION SPLITTING FORM

This is the form you should fill out to split superannuation contributions with your spouse. You should read the Product Disclosure Statement (PDS) for Verve Super before completing this form.

The PDS is deemed to include the Additional Information Booklet and Insurance Guide which can be obtained from www.vervesuper.com.au or on request by phoning 1300 799 482.

This form must be posted to Verve Super PO Box 909, Byron Bay NSW 2481.

Section 1 Personal details

Given Name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Member number	<input type="text"/>				
Date of Birth	<input type="text"/>				
Gender	<input type="text"/>				
Phone number	<input type="text"/>				
Email address*	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

*By providing your email address, you consent and authorise us to send communications or information in electronic format, including information required by law, to you via email or similar technologies.

You can elect to receive communications by post at any time by contacting Verve Super on 1300 799 482 or email hello@vervesuper.com.au or in writing at PO Box 909, Byron Bay NSW 2481.

Section 2 Spouse details

Given Name(s)

Surname

Date of Birth

Phone number

Email address

Tax File Number

Address

City

State

Postcode

Section 3 Your spouse's superannuation account

Name of Fund

Fund USI

Member Number

The amount to be split into your spouse's account must not exceed 85% of your contributions for the financial year or exceed the concessional contributions cap. Complete the amount to be split below.

Dollar amount

or

Percentage amount

%

Section 4 Spouse Declaration

I confirm that I am (select one)

Aged less than my preservation age

Between my preservation age and 65 and not permanently retired

.....
Signature

...../...../.....
Date

Section 5 Declaration and Signature

By completing this form I declare that:

- I have read the Verve Super Product Disclosure Statement and related information.
- I understand that I can only make one split application per financial year.
- I understand that a contributions splitting application may be rejected without reasons being provided.
- I wish to split contributions that were made in the financial year ending 30/06/2019

X

.....
Signature

...../...../.....
Date

ABN 32 367 272 075 | USI 32 367 272 075 159

CONTRIBUTION SPLITTING FORM

This is the form you should fill out to split superannuation contributions with your spouse. You should read the Product Disclosure Statement (PDS) for Verve Super before completing this form.

The PDS is deemed to include the Additional Information Booklet and Insurance Guide which can be obtained from www.vervesuper.com.au or on request by phoning 1300 799 482

This form must be posted to Verve Super PO Box 909, Byron Bay NSW 2481.

Section 1 Personal details

Given Name(s)

Surname

Member number

Date of Birth

Issued by Diversa Trustees Limited [ABN 49 006 421 638, AFSL 235153, RSE Licence L0000635] ("Trustee") as trustee of the Future Super Fund (the "Fund") ABN [45960194277] [R1072914]. Verve Super is a sub-plan of the Future Super Fund.

Gender

Phone number

Email address*

Address

City State Postcode

*By providing your email address, you consent and authorise us to send communications or information in electronic format, including information required by law, to you via email or similar technologies.

You can elect to receive communications by post at any time by contacting Verve Super on 1300 799 482 or email hello@vervesuper.com.au or in writing at PO Box 909, Byron Bay NSW 248.

Section 2 Spouse details

Given Name(s)

Surname

Date of Birth

Phone number

Email address

Tax File Number

Address

City State Postcode

Section 3 Your spouse's superannuation account

Name of Fund

Fund USI

Member Number

The amount to be split into your spouse's account must not exceed 85% of your contributions for the financial year or exceed the concessional contributions cap. Complete the amount to be split below.

Dollar amount

or

Percentage amount

%

Section 4 Spouse Declaration

I confirm that I am (select one)

Aged less than my preservation age

Between my preservation age and 65 and not permanently retired

.....
Signature

...../...../.....
Date

Section 5 Declaration and Signature

By completing this form I declare that:

- I have read the Verve Super Product Disclosure Statement and related information.
- I understand that I can only make one split application per financial year.
- I understand that a contributions splitting application may be rejected without reasons being provided.
- I wish to split contributions that were made in the financial year ending 30/06/2019

X

.....
Signature

...../...../.....
Date