

NOTIFICATION TO SPLIT A SUPERANNUATION INTEREST (FAMILY LAW ACT 1975)



Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to **Super SA**.

1. Applicant's Details

Account ID if known

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Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone* (M)

(W)

(H)

You should complete this form in relation to a superannuation interest that is subject to a splitting agreement or splitting order.

2. Member Spouse

I am a Super SA member, or

I am the spouse of

(Member's first name)

(Surname)

who is a Super SA member.

3. Fees

Fees are permitted to be charged in terms of Part VIII B of the Family Law Act.

The fee for splitting a superannuation entitlement is payable:

- by each party, both the member spouse and the non-member spouse, and
- for each scheme that is being split.

Fees also vary depending on which scheme or schemes are to be split. These are outlined below:

Triple S	\$100 each party
Lump Sum Scheme	\$176 each party
Pension Scheme	\$176 each party
Super SA Income Stream	\$100 each party
Super SA Flexible Rollover Product	\$100 each party
Super SA Select	\$100 each party

Example - If a Triple S and Lump Sum Scheme account are being split, the fee payable by each party is \$276 (\$100 + \$176).

Please complete the payment section and member declaration over the page.

Super SA may need to contact you by phone to clarify the information you have provided or to seek further information to assist the request. The staff from Super SA abide by confidentiality procedures in all matters relating to superannuation.

In these circumstances, it would be helpful if you could provide a phone number where you can be contacted during office hours.

*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcement, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.



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4. Payment

Fees can be paid by electronic fund transfer. Please use the following bank details:

Name: Southern State Superannuation Scheme
BSB: 065-266
Account Number: 10000493
Reference Number: "FLS + your initial + your surname"

I have made an electronic bank transfer payment for the amount of \$ _____:
 Receipt number: _____ Date paid: ____/____/____

5. Declaration

I have enclosed a certified copy¹ of an approved splitting agreement. All information in this form is true and correct.

Signature: ✕ _____

Date: / /

Contact Us

In person:

Ground floor, 151 Pirie Street
 Adelaide SA 5000
 (Enter from Pulteney Street)

Postal: GPO Box 48, Adelaide, SA 5001

Call: (08) 8207 2094 or 1300 369 315 (for regional callers)

Website: www.supersa.sa.gov.au



¹ Certified copies are copies authorised, or stamped as being true copies of the originals, by a person or agency recognised by the law of the state in which they are certified. These include a:

- Justice of the Peace
- Commissioner for taking Affidavits
- Notary Public
- Proclaimed police officer.

Alternatively, you can bring the original documents into the Super SA office to be witnessed by a Super SA staff member.