

Form > SA Ambulance Service Superannuation Scheme REQUEST FOR INFORMATION ON A SUPERANNUATION INTEREST UNDER THE FAMILY LAW ACT 1975

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**SUPER SA**
contributing to your future

Please complete all the details on this form and return the signed original to Super SA.

1. Personal Details

Super ID

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 (W)

(H)

(M)

Employee no

Contact us**By Appointment**

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

Postal

GPO Box 48, Adelaide, SA 5001

Call

1300 369 315

Email

supersa@sa.gov.au

Website

www.supersa.sa.gov.au

You should complete this form if you require information on your superannuation interest or your spouse's superannuation interest, to assist you in connection with the operation of Part VIII B of the *Family Law Act 1975*. This application is made under subsection 90M ZB(2) of the *Family Law Act*.

Please only tick one box in each section (except section 5). See page 3 for further assistance.

Section 1

I, _____ of
(Title) (First name) (Surname)

(Full postal address)

born on ___/___/___, make the following declaration in support of my application to the Super SA Board for information about:

- my superannuation interest, or
 a superannuation interest of:

(Member's first name) (Surname)

born on ___/___/___, who is a member of the SA Ambulance Service Superannuation Scheme.

Section 2

- I am an SA Ambulance Service Superannuation Scheme member, my Super ID is: _____, or

- I am the spouse of

(Member's first name) (Surname)

who is a member of the SA Ambulance Service Superannuation Scheme.

- I am intending to enter into a superannuation agreement under Part VIII B of the *Family Law Act 1975* with

(Member's first name) (Surname)

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Section 3

- I require the information to assist me to properly negotiate a superannuation agreement, or
- I require the information to assist me in connection with the operation of Part VIII B of the *Family Law Act 1975*.

Section 4

The information will be provided at the date of application unless you specify an earlier date. Please specify below if you require an earlier date.

- I require the information to be provided at ____/____/____.
(This date can only be earlier than the date of application.)

Section 5

Only applies to applicants who are not SA Ambulance Service Superannuation Scheme members.

I am not a SA Ambulance Service Superannuation Scheme member and have therefore attached a copy of:

- Legal marriage certificate, issued under the *Births, Deaths and Marriages Act 1996* (if applicable), and one of the following documents to verify my identity:
- Recent bank account statement
- Driver's licence
- Government concession card
- Recent utility account (gas, electricity, phone)

Section 6

Fees and charges*
See page 3 for further information.

- I have made an electronic funds transfer payment for the amount of \$176 to cover the Request for Information fee..
Receipt number: _____ Date paid: ____/____/____

Please note that Super SA does not accept cash, money order or cheque payments. Please contact Super SA for more details.

Section 7

By signing below, I understand that if I make false or misleading declarations under the *Family Law Act*, I will be guilty of an offence punishable by up to 12 months imprisonment.

Signature: **X**

Date:

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.

Daytime contact phone number: ()

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

Name: SA Ambulance Services Superannuation Scheme
BSB: 065-266
Account Number: 10000493
Reference number: "RFI + your initial + your surname"

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Explanatory notes

What you will receive from your application

On receipt of a valid application form and the fee payable*, Super SA will provide, in writing to the applicant's postal address, the information as specified by the relevant legislation relating to Family Law.

What is a superannuation interest?

A superannuation interest is simply the member's entitlement in a superannuation scheme.

Who can use this form to apply for superannuation information?

- An SA Ambulance Service Superannuation Scheme member – referred to as the Member Spouse for Family Law purposes
- A legal spouse (including a de facto partner) of an SA Ambulance Service Superannuation Scheme member – referred to as the Non-Member Spouse
- A person who intends entering into a superannuation agreement with a member of the SA Ambulance Service Superannuation Scheme. That is a person who may be intending to marry the member and is negotiating a pre-nuptial agreement.
- If you are not an SA Ambulance Service Superannuation Scheme member you must provide a copy of two of the following documents:
 - a legal marriage certificate, *issued under the Births, Deaths and Marriages Act 1996* (if applicable), a driver's licence, a government concession card, a recent bank account statement or a current utility account (gas, electricity, phone).

How to complete this form. You must attach all relevant documents (eg copy of marriage certificate)

- You must tick the relevant options (one per section except Section 5) that are applicable and clearly print the details that are required on the application.
- You must complete all sections of the form (ie Sections 1-7). SA Ambulance Service Superannuation Scheme members do not need to complete Section 5.
- You must provide a cheque or money order for the amount of the fee.
- Super SA must receive the original of this form.
- This form may be mailed to Super SA at GPO Box 48, ADELAIDE SA 5001 or delivered in person to Super SA, Ground Floor, 151 Pirie Street, Adelaide.

*Fees

- A fee of \$176 (including GST) is payable if requesting information on a member of the SA Ambulance Service Superannuation Scheme.
- Please note that application fees are non-refundable.
- The Super SA Board may waive the fee subject to providing proof of financial hardship. Should you wish to apply for a waiver of the fee, you must supply a copy of the following:
 - a current Commonwealth or State concession card, or
 - documents showing receipt of Commonwealth unemployment or sickness benefits or State financial assistance, or
 - a current student identification card.

If you do not qualify for a waiver based on the above but believe you are suffering financial hardship please contact a Super SA Family Law Information Officer on the phone number below for further assistance.

Who to contact for further information when completing this form

If you have any questions, please contact 1300 369 315 and ask to speak to a Family Law Information Officer.