

Form > SA Ambulance Service Superannuation Scheme APPLICATION TO ESTABLISH A SPOUSE ACCOUNT

> 1

**SUPER SA**
contributing to your future

Please complete all the details on this form and forward it to your payroll office

1. Member Personal Details

Super ID

 Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode Date of birth / /

Postal address (if different from above)

Postcode

Email*

Telephone* (W)

(H)

(M)

Employee no

Contact us

Address

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)

Email

supersa@sa.gov.au

Website

www.supersa.sa.gov.au

*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, announcements, invitations or surveys. You may opt out of these marketing communications at any time by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

If you are making a contribution split from your SA Ambulance Service Superannuation account to establish a Spouse Account, you **do not** need to complete this form. Instead, please complete the *Application to Split Eligible Contributions* form and return it to Super SA.

Checklist

Please remember that before Super SA is able to process your application you and your spouse need to complete all sections on this form. If you do not provide the requested information, there will be a delay in processing your application.

- I have completed my personal details (section 1).
- I have completed the member declaration (section 2).
- My spouse has completed their personal details (section 3).
- My spouse has supplied Super SA with their tax file number (section 4).
- My spouse has completed the spouse declaration (section 5).

2. Spouse Contributions

I authorise the Service to deduct from my future pay spouse contributions equal to _____ % of my base superannuation salary or \$ _____ per fortnight.

3. Member Declaration

- I declare that I am currently employed in the SA Ambulance Service.
- I declare that the person named on page 2 of this form is my spouse¹.

Signature **X** _____ Date _____

¹ Commonwealth legislation stipulates that a spouse includes either (a) another individual (whether of the same sex or a different sex) with whom the individual is in a relationship registered under a state or territory law, such as a relationship registered under the *Relationships Register Act 2016*, or (b) another individual who, although not legally married to the individual, lives with them on a genuine domestic basis in a relationship as a couple.

OFFICE USE ONLY

Pay date for commencement/cessation (please circle) of spouse contributions:

Pay date _____

Signature of Authorising Officer

X _____

Date _____

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>2

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OFFICE USE ONLY

Membership class

- AD
 EL
 EM
 NC

4. Spouse Member Personal Details

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Address

Postcode

Date of birth

/

/

Email

Telephone (W)

(H)

(M)

Do you have an existing active or preserved account in the SA Ambulance Service Super Scheme?

Yes No

If yes, Super ID: _____

5. Spouse Member Tax File Number (TFN)

Tax file number

Providing your TFN will ensure that your entitlement is taxed concessionally. However, if you choose not to provide your TFN, tax will be deducted at the highest marginal rate. Declining to provide your TFN is not an offence.

6. Spouse Member Declaration

- I declare that I am the spouse of the member named in section 1 of this form.
- I declare that the information provided by me in sections 3 and 4 of this form is true and correct.

Signature

Date