

# ANZ Super Advantage

## Contributing on Behalf of Spouse Form



15 November 2010

### Customer Services

Phone 13 38 63  
Fax 02 9234 6668

Email [customer@onepath.com.au](mailto:customer@onepath.com.au)  
Website [anz.com/wealth/super](http://anz.com/wealth/super)

Date faxed (dd/mm/yy)

Number of pages faxed

  

### INSTRUCTIONS

- Use this form to make contributions to ANZ Super Advantage on behalf of your spouse.\*
- Your spouse must be a member of ANZ Super Advantage Personal. To join, your spouse must complete a Family Member Application – ANZ Super Advantage Personal and return it to us.
- The contribution will be invested in the investment funds nominated by your spouse or the Trustee's default (if no nomination). If your spouse wishes to change the investment option into which contributions are to be invested, your spouse will need to complete a Member Investment Choice form.
- If you need any assistance, contact Customer Services on 13 38 63 weekdays between 8.30am and 6.30pm (Sydney time).
- Complete and sign the form and return to:

**ANZ Super Advantage**  
OnePath Life Limited  
GPO Box 4028  
Sydney NSW 2001

\* The term 'spouse' includes a person, who lives with their partner, either through marriage or not, on a genuine domestic basis, including same sex couples. It does not include a person who lives separately and apart on a permanent basis.

### 1. YOUR DETAILS

Member number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
Given name (s)	<input type="text"/>
Date of birth (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Employer plan name (if applicable)	<input type="text"/>
Residential address (this cannot be a PO Box)	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Postal address (if different from above)	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Phone	Home <input type="text"/> Business <input type="text"/>
	Mobile <input type="text"/> Fax <input type="text"/>
Email	<input type="text"/>



**2. RECEIVING SPOUSE DETAILS**

Member number

Employer plan name (if applicable)

Title  Mr  Mrs  Ms  Miss  Dr Other

Surname

Given name(s)

Date of birth (dd/mm/yy)  /  /

Residential address (this cannot be a PO Box)

Suburb/Town  State  Postcode

Country

Phone Home  Business

Mobile  Fax

Email

**3. CONTRIBUTION**

Contribution amount \$    ,    .

**Note:** Cheques should be made payable to OnePath Life Limited – ANZ Super Advantage. Alternatively, ANZ Super Advantage offers a number of convenient contribution payment options, such as BPAY® and Internet banking (EFT). Refer to the PDS for further instructions or contact Customer Services on 13 38 63

**4. DECLARATION AND AUTHORISATION**

**Contributing spouse declaration**

In making this contribution, I acknowledge the following:

- I will not be claiming a tax deduction for the payment
- the contribution I make will be treated as a non-concessional contribution
- once the contribution has been received by ANZ Super Advantage, I will no longer have control over the payment or any growth upon it, and it will be preserved until a condition of release is met.

**Receiving spouse declaration**

I declare that

- I am, at the date of the form, under 65 years of age, or aged 65 or over, but under 70, and gainfully employed at least 40 hours in any 30 consecutive day period within the financial year that the contribution is made.

Signature of receiving spouse (sign clearly within the box)

Date (dd/mm/yy)

/  /

Signature of contributing spouse (sign clearly within the box)

Date (dd/mm/yy)

/  /