



Spouse Member Contribution Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Important information for you

If you are a Spouse Member wanting to make a member contribution then you will need to have this form completed before you can send your contribution cheque to Australian Enterprise Super.

Please make cheque payable to Australian Enterprise Super.

2. Acknowledgement

In making this contribution, I acknowledge the following:

- My Spouse* is under 65 years of age
- The contribution has been made from my after tax income and I will not be claiming a taxation deduction for the payment;
- The contribution will be treated as an Undeducted Contribution;
- Once the contribution has been received by AESuper, I will no longer have control over the payment or any growth upon it and it can generally not be repaid to me at any time in the future;
- The contribution will be preserved;
- My Spouse needs to initially complete a *Personal (Individual) Member Application Form* for this contribution to be applied to their account.

Signed by member

Date

Your Australian Enterprise Super Member Number

* I understand that the legal definition of spouse, for the purposes of contributing to a superannuation fund, includes a person although not legally married to me, who lives with me in a bonafide domestic heterosexual basis as my wife or husband. It does not include a spouse who lives separately from me on a permanent basis (except for reasons of physical or mental incapacity) or a same sex partner or is over 65 but under the age of 70 and the contribution relates to a week when my spouse was gainfully employed for at least 10 hours.

3. Spouse's Australian Enterprise Super Membership Details

Spouse's Australian Enterprise Super Member Number (if known)

Before making a contribution on behalf of your spouse please ensure that your Spouse has completed the *Personal (Individual) Member Application Form* which is available from our website or by calling our Customer Service Centre.

Surname

Title

Date of Birth

Given Name

Previous Surname (if different)

Unit / Street Number

Street Name

Suburb / Town

State

Postcode

Phone (Business Hours)

Phone (After Hours)

Mobile*

Fax

Email Address* (Please **do not** leave any spaces empty, continue word on next line if necessary)

*Providing your mobile number/email address means you are willing to receive important information about your account and other benefits and services by SMS or email.



4. Investment Choice (You must complete all details in this section)

Your contributions will be invested as indicated until you change your choice at a later date. If you do not make a choice, your contributions will be invested in the Balanced Growth Option.

You can change your choice from time to time. If choosing more than one Option, percentages must be a minimum of 10% and in multiples of 1%.

Note: Investment Choice is only available if your account balance is over \$1,000. If your account balance is less than \$1,000 or no selection is made, the Trustee default option, currently the Balanced Growth option, will apply.

	Future Contributions				Existing Account Balance			
1. Growth Maximiser	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
2. Balanced Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
3. Security Focus	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
4. Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Total	1	0	0	%	1	0	0	%

5. Privacy Statement

The information requested on this form is required in order to administer your membership. It may also be provided to specific organisations to provide services to you on our behalf. Your personal information will not be used or disclosed for any other purpose without your consent. If you do not provide the information requested, Australian Enterprise Super may not be able to administer your account. You may have access to the information Australian Enterprise Super holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1800 555 024.

6. Declaration

I hereby declare that to the best of my knowledge and belief, the information I have provided is true and correct and I acknowledge that I have read the above Privacy Statement.

Signed

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7. Please return this form to:

Australian Enterprise Super
GPO Box 2258
Melbourne Vic 3001

For further information:

Phone: 1800 555 024
Fax: 1300 880 168
Email: info@aesuper.com.au
Website: www.aesuper.com.au

Professional Associations Superannuation Limited
(ABN 14 056 917 303 AFSL 222590 RSE L0000352)
as Trustee of Professional Associations Superannuation
Fund (PASF) (ABN 78 984 178 687 RSE R1000429).
Australian Enterprise Super is a division of PASF.