

Family Law Payment Instructions

Acclaim
WEALTH



This form should be completed by the individual who is receiving a superannuation benefit from their former spouse (a superannuation member of Acclaim Wealth) after a splitting order or agreement has been completed. We're required to collect some of this information under Regulation 72 of the Family Law (Superannuation) Regulations 2001 and some information to process the splitting order.

Section 1: Personal details

Surname:	<input type="text"/>	Salutation:	<input type="text"/>			
Given name(s):	<input type="text"/>	Date of birth:	<input type="text"/>			
Residential address:	<input type="text"/>					
Suburb:	State:	<input type="text"/>	Postcode:	<input type="text"/>		
Postal address:	Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone (BH):	<input type="text"/>	(AH):	<input type="text"/>	Mobile:	<input type="text"/>	
Tax File Number:	<input type="text"/>	Email:	<input type="text"/>			

If you do not provide your tax file number (TFN) your payment may be delayed. You do not have to provide your TFN but you may pay extra tax and you cannot make personal contributions. For further information, refer to the relevant product disclosure statement (PDS) and additional information booklet (AIB) by visiting www.acclaimwealth.com.au/product-documents.

Section 2: Your former spouse's details

Member number:	<input type="text"/>					
Surname:	<input type="text"/>	Salutation:	<input type="text"/>			
Given name(s):	<input type="text"/>	Date of birth:	<input type="text"/>			
Residential address:	<input type="text"/>					
Suburb:	State:	<input type="text"/>	Postcode:	<input type="text"/>		
Postal address:	Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone (BH):	<input type="text"/>	(AH):	<input type="text"/>	Mobile:	<input type="text"/>	
Email:	<input type="text"/>					

Section 3: Payment instructions

How would you like your superannuation benefit paid?

Option 1: Keep with Acclaim Wealth

If you are already a superannuation member of Acclaim Wealth, please provide your account details below.

Member number

If you do not have an Acclaim Wealth account, we will set one up for you. For more information about Acclaim Wealth superannuation products, visit www.acclaimwealth.com.au/product-documents.

Option 2: Transfer to another super fund

Provide details of your other fund in section 4.

Section 4: Transfer to another super fund

We will transfer the full payment amount to the fund specified below. If you haven't provided your tax file number in section 1, you will need to provide proof of your identity.

Fund name:	<input type="text"/>		
USI:	<input type="text"/>	ABN:	<input type="text"/>
Account number:	<input type="text"/>	Fund phone number:	<input type="text"/>
Fund address:	<input type="text"/>		
Suburb	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
<input type="checkbox"/>	I am transferring to a self-managed super fund (SMSF)		
SMSF name:	<input type="text"/>	Electronic service address (ESA):	<input type="text"/>
SMSF bank account name:	<input type="text"/>	Account number:	<input type="text"/>
ABN:	<input type="text"/>	BSB:	<input type="text"/>

Section 5: Declaration

1. I have fully read this form and the information is true and correct.
2. I discharge the Trustee from any liability in respect of my benefits paid and transferred from the Fund.
3. I acknowledge that I have read and understood the Privacy Statement and consent to the use of my personal information as outlined in the Privacy Statement available at www.acclaimwealth.com.au/privacy-policy.
4. I acknowledge that I have read and understood the information about quotation of tax file numbers contained in the PDS and AIB, in particular, that failure to provide a tax file number may result in higher tax being applied to my concessional contributions or member contributions made by me or on my behalf being rejected by the Fund.
5. I request and consent to the payment of my benefits as described in this form, and authorise the Fund to determine the tax treatment of my benefit.
6. I acknowledge that the Trustee cannot provide me with advice about the Fund that relates to my personal circumstances and that for such advice I should consult an appropriately qualified adviser.

Signature:

Date:

Please return this completed form to Acclaim Wealth PO Box 3528, Tingalpa DC Qld 4173 or email to info@acclaimwealth.com.au.

Phone: 1300 264 264 Fax: (07) 3899 7299 Website: www.acclaimwealth.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of Acclaim Wealth's Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.acclaimwealth.com.au.