

Application for information under the Family Law Act

This form is for members of the LGS Accumulation Scheme

Use this form if you are requesting information for a member(s) of the LGS Accumulation Scheme under the Family Law Act 1975.

Please use a black pen and CAPITAL letters or type directly into this form online, print it and send it to us. Use (*) to mark boxes.

Before completing this form, please ensure you read the relevant Product Disclosure Statement (PDS) available at lgsuper.com.au

IMPORTANT

A fee of \$110.00 (incl. GST) is payable for each request for the provision of Family Law information. Separate cheques or money orders will be required if you are requesting information relating to more than one member account and/or if requesting information relating to more than one date.

Please provide a cheque/ money order payable to Local Government Super. Fee(s) are payable by the person requesting the information.

Please select only ONE (1).

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1. Your details

Member no. Date of birth Title eg. Mr

Given name/s

Family name

Contact details (postal address, telephone, email)

No./Street

Suburb/Town State/Territory Postcode

Phone (home) Phone (work)

Phone (mob) Email address

Residential address select if same as postal address above

No./Street

Suburb/Town State/Territory Postcode

2. Basis of application

I hereby apply for information, in accordance with the Family Law Act 1975, about the following superannuation interest(s) of the member below in Local Government Super.

Given name/s

Family name

Member account no. 1 (if known) Date of birth

Member account no. 2 (if known) Member account no. 3 (if known)

The information required is that effective as at: the date this application is received by the Trustee; or an earlier date, being

Please select only ONE (1).

In support of my application, I declare that:

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

And I require the information to:

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

3. Applicant declaration

By signing this request form I am making the following statements:

- I declare that I have fully read the important notes, the relevant PDS and/or Fact Sheet;
- I have enclosed the fee(s) payable for providing the information requested;
- I have read the Trustee's Privacy Policy and I understand how the Trustee will use my personal information;
- I am aware of fees or charges that may apply, I understand the effect this payment may have on my benefits and do not require further information;
- I declare that the information provided is true and correct.

Name

Signed

Date

Please return your completed form to:

Mail: Local Government Super
PO Box N835
Grosvenor Place NSW 1220

Please mail original documents as they are required for proof of identity.
DO NOT EMAIL.

The information you provide on this form is collected by and held for Local Government Super by the fund administrator; Australian Administration Services, in accordance with the Australian Privacy Principles under the *Privacy Act 1988 (Cth)*. For further information about privacy, please phone Member Services on 1300 LGSUPER (1300 547 873) or visit lgsuper.com.au to view the Privacy Policy.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321).