

Step 3 – Sign the form - contributing spouse

I wish to make contributions to the Equipsuper for the benefit of my spouse named above (Step 1) who is an existing member and eligible to receive such contributions. By signing this form I understand that:

- I acknowledge that any such contributions to the Plan are for the benefit of my spouse and cannot be repaid to me. I confirm that the spouse is my spouse within the meaning of relevant Government Legislation (as set out in the Product Disclosure Statement Spouse), and if over the age of 65 and under 70, is gainfully employed for at least 40 hours in any 30 consecutive days during the financial year in which the contribution is being made.
- I will advise the Trustee if my nominated spouse ceases to be my spouse within the meaning of the legislation or, if between 65 and 70 ceases to be gainfully employed for at least 40 hours in any 30 consecutive days during the financial year in which the contribution is being made.
- I confirm that I am not entitled to a tax deduction for these spouse contributions.
- acknowledge that if I've provided my email address details and/or mobile number in this form, the Trustee may, at its discretion, use that email address and/or mobile number to send information, including any member and exit statements and notices of any material changes or the occurrence of significant events, by electronic means

Signature

X

Date

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Please return your completed form to Equipsuper, GPO Box 4303, Melbourne VIC 3001.

