

Application for information under the Family Law Act

This form is for members of the LGS Lifetime Guaranteed Income and LGS Fixed Term Guaranteed Income

Use this form if you are requesting information for a member(s) of the LGS Lifetime Guaranteed Income or LGS Fixed Term Guaranteed Income 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/PDS

I. Your details

Member no. (if applicable) Date of birth Title eg. Ms

Given name/s

Family name

Contact details (postal address, telephone, email)

No./Street

Suburb/Town State/Territory Postcode

Email address

Phone (home) Phone (work)

Phone (mob)

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 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.

Please select only ONE (1).

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*.

Please select only ONE (1).

3. Your 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 declare that the information provided is true and correct;
- I have read the Privacy Collection Statement and understand how LGS will use the personal information provided on this form.
- I have enclosed the fee(s) payable for providing the information requested.

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.

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, LGS may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at lgsuper.com.au/privacy-policy or by calling us on 1300 LGSUPER (1300 547 873). It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

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