

# Superannuation contribution splitting



## What you need to do

This form should be used by members to apply to split their superannuation contributions. A limit of one splitting application will be accepted in relation to contributions made in a particular financial year.

### 1. Member details (applicant to have contributions split)

|                                                 |                              |                                                                                    |                               |                                                                       |                                     |                                    |
|-------------------------------------------------|------------------------------|------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|
| Mr <input type="checkbox"/>                     | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/>                                                        | Miss <input type="checkbox"/> | Other <input type="checkbox"/> (please specify): <input type="text"/> | Gender M/F <input type="checkbox"/> | Date of birth <input type="text"/> |
| Surname <input type="text"/>                    |                              |                                                                                    |                               |                                                                       | Given name(s) <input type="text"/>  |                                    |
| Preferred name <input type="text"/>             |                              |                                                                                    |                               |                                                                       | Member number <input type="text"/>  |                                    |
| <b>POSTAL ADDRESS</b>                           |                              |                                                                                    |                               |                                                                       |                                     |                                    |
| Street no./ PO Box <input type="text"/>         |                              | Street name <input type="text"/>                                                   |                               | Suburb <input type="text"/>                                           |                                     |                                    |
| State <input type="text"/>                      |                              | Postcode <input type="text"/>                                                      |                               | Country <input type="text"/>                                          |                                     |                                    |
| Phone (H) <input type="text"/>                  |                              | Phone (W) <input type="text"/>                                                     |                               | Mobile phone <input type="text"/>                                     |                                     |                                    |
| Email <input type="text"/>                      |                              |                                                                                    |                               |                                                                       |                                     |                                    |
| <b>RESIDENTIAL ADDRESS</b>                      |                              |                                                                                    |                               |                                                                       |                                     |                                    |
| Same as postal address <input type="checkbox"/> |                              | Different to above; please complete the information below <input type="checkbox"/> |                               |                                                                       |                                     |                                    |
| Street no. <input type="text"/>                 |                              | Street name <input type="text"/>                                                   |                               | Suburb <input type="text"/>                                           |                                     |                                    |
| State <input type="text"/>                      |                              | Postcode <input type="text"/>                                                      |                               | Country <input type="text"/>                                          |                                     |                                    |

### 2. Receiving spouse details (recipient of splittable contribution)

|                                         |                              |                                  |                               |                                                                       |                                     |                                    |
|-----------------------------------------|------------------------------|----------------------------------|-------------------------------|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|
| Mr <input type="checkbox"/>             | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/>      | Miss <input type="checkbox"/> | Other <input type="checkbox"/> (please specify): <input type="text"/> | Gender M/F <input type="checkbox"/> | Date of birth <input type="text"/> |
| Surname <input type="text"/>            |                              |                                  |                               |                                                                       | Given name(s) <input type="text"/>  |                                    |
| Preferred name <input type="text"/>     |                              |                                  |                               |                                                                       | Member number <input type="text"/>  |                                    |
| <b>POSTAL ADDRESS</b>                   |                              |                                  |                               |                                                                       |                                     |                                    |
| Street no./ PO Box <input type="text"/> |                              | Street name <input type="text"/> |                               | Suburb <input type="text"/>                                           |                                     |                                    |
| State <input type="text"/>              |                              | Postcode <input type="text"/>    |                               | Country <input type="text"/>                                          |                                     |                                    |
| Phone (H) <input type="text"/>          |                              | Phone (W) <input type="text"/>   |                               | Mobile phone <input type="text"/>                                     |                                     |                                    |
| Email <input type="text"/>              |                              |                                  |                               |                                                                       |                                     |                                    |

Continued over...



## 2. Receiving spouse details (recipient of splittable contribution) continued

### RESIDENTIAL ADDRESS

Same as postal address ☐ Different to above; please complete the information below ☐

Street no.  Street name  Suburb   
State  Postcode  Country

## 3. Receiving spouse nominated superannuation fund

(please nominate the super fund for which your splittable contributions are to be rolled over to)

### Payment method (please tick)

- ☐ Pay splittable amount to my GuildSuper account, or  
☐ Pay splittable amount to nominated superannuation fund (please complete fund details below).

Fund name   
Fund's Australian business number (ABN)   
Fund's superannuation fund number (SFN)   
Fund's superannuation product identification number (SPIN)

## 4. Contributions splitting details

Write the amount or percentage that your spouse is to receive. It cannot be more than 85% of the contributions you made in this category or more than your concessional contributions cap for the financial year. Your concessional contributions cap will equal the general concessional cap plus the previously unused concessional contributions made in excess of the general concessional contributions cap. Your increased concessional contributions cap, will be used to determine the maximum amount of taxed splittable contributions.

Financial year ending  Taxed splittable contributions to be split \$  OR  %

**Note:** If you intend to claim a deduction for personal superannuation contributions made during the relevant financial year, you must give the Trustee notice of your intention to claim a deduction before you lodge a superannuation contributions splitting application.

Continued over...

## 5. Applicant request and declaration

I request that you split the contributions detailed in Section 4 to the superannuation account of my spouse as detailed in Section 3.  
I declare that the information provided on this form is correct.

Name

Signature



Date

## 6. Receiving spouse declaration

I declare that at the date of this application I am the spouse of the applicant and I am less than my preservation age, OR between my preservation age and 65 years and not retired.

I declare that the information provided on this form is correct and confirm that the amount to be split is within the legislatively specified limits.

Name

Signature



Date

## Next step

Send completed form to:  
GuildSuper, GPO Box 1088, Melbourne VIC 3001

## Need help?

Call Member Services on 1300 361 477 from 8.30am - 5.00pm  
(AEST/AEDT) Monday - Friday or visit [guildsuper.com.au](https://guildsuper.com.au).