

voluntary contributions



If you need help to complete this form, please contact AvSuper on 1800 805 088 or 02 6268 4722. Please forward the completed form to AvSuper, GPO Box 5134, Sydney NSW 2001.

We will be unable to accept this contribution if we do not have your Tax File Number or you are contributing amounts in excess of the prescribed threshold. Should this be the case the contribution or excess contribution will be returned without interest.

Membership details

Surname _____ Mr/Mrs/Ms/Miss
Given names _____
Address _____

Postcode _____
Telephone _____ Email _____
AvSuper member no. _____ Date of birth ____ / ____ / ____

Contributions

Contributions can be made from after-tax salary only by lump sum payments. Please make cheques payable to the AvSuper Fund or contact AvSuper for details of how to direct deposit to our bank account.

Amount of lump sum contribution: \$ _____ .00

Member Investment Choice

*Your contributions will be automatically invested according to your previously nominated investment option in relation to future contributions or, in the absence of your nomination, in the AvSuper Growth option. If you wish to vary this arrangement you should read the booklet **A guide to AvSuper member investment choice** and complete the **nomination or change of options** form.*

AvSuper Pty Ltd Privacy Statement

AvSuper Pty Ltd collects the information on this form to administer and disburse your superannuation entitlement. Without this information, we can't look after you as a member. We do not disclose your personal information other than to those organisations providing services to AvSuper Pty Ltd where the information is only used for the Fund's proper conduct, or if we are required to do so by law. You can access the personal information we collect and the organisations to which we disclose this sort of personal information by contacting AvSuper. Our Privacy Policy Statement is available at www.avsuper.com.au or by phoning 02 6268 5492.

Declaration

I certify that:

- I am under age 65, or
- I am between ages 65 and 74 and have been gainfully employed for at least 40 hours in a period of no more than 30 consecutive days in the current financial year
- I have read and understood the above Privacy Statement.

Signature _____ Date ____ / ____ / ____