

# Family law regulation 72 notice

1800 005 166  
[info@spiritsuper.com.au](mailto:info@spiritsuper.com.au)  
GPO Box 1547, Hobart TAS 7001

## Important information

This form should be completed by the individual who's receiving a super benefit from their former spouse, after a splitting order or agreement has been completed.

### Section 1 Your personal details

Mr Mrs Ms Miss Other

Date of birth (DD MM YYYY)

Last name

First name

Middle name/s

Male

Female

Residential address

Suburb/Town/City

State

Postcode

Postal address as above

OR

Suburb/Town/City

State

Postcode

Home phone

Mobile

Work phone

Email

Your tax file number (TFN)

If you don't provide your tax file number your payment may be delayed.

You don't have to provide your TFN, but you may pay extra tax, miss out on government incentives and you can't make personal contributions. Refer to our *How super is taxed* fact sheet available at [spiritsuper.com.au/pds](https://www.spiritsuper.com.au/pds) for more information.



**Section 2**  
**Your former spouse**

Member number

Account number

Date of birth (DD MM YYYY)

Last name

First name

Middle name/s

**Section 3**  
**Payment instructions**

How would you like your benefit paid?

**Option 1: Keep with Spirit Super**

If you're already a member of Spirit Super, please provide your account details below.

Member number

Account number

If you don't already have a Spirit Super account, we'll set one up for you. For more information about Spirit Super see our *Member guide* available at [spiritsuper.com.au/pds](https://spiritsuper.com.au/pds).

**Option 2: Transfer to another super fund**

Provide details of your other fund in section 4.

**Section 4**  
**Transfer to another super fund**

We'll transfer the full payment amount to the fund specified below.

If you haven't provided your tax file number in section 1, you'll need to provide proof of your identity. Please see our *Guide to providing proof of ID* fact sheet available at [spiritsuper.com.au/forms/factsheets](https://spiritsuper.com.au/forms/factsheets) for more information.

**New super fund details:**

Fund name

Phone

Member number

USI

ABN

**I'm transferring to a self-managed super fund**

Self-managed super fund name

ABN

Electronic service address (ESA)

Self-managed super fund bank account name

BSB number

Account number

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**Section 5**  
**Declaration**

By signing this form I'm making the following statements:

- I've fully read this form and the information is true and correct.
- I discharge the Spirit Super trustee from any further liability in respect of my benefits paid and transferred from Spirit Super.
- I consent to the use of my personal information as outlined in Spirit Super's *Privacy policy* available at [spiritsuper.com.au/privacy-policy](https://spiritsuper.com.au/privacy-policy) or by calling us on 1800 005 166.
- I request and consent to the payment of my benefits as described in this form, and authorise Spirit Super to determine the tax treatment of my benefit.

Your signature

Date (DD MM YYYY)

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Return the completed, signed and dated form to [info@spiritsuper.com.au](mailto:info@spiritsuper.com.au) or Spirit Super, GPO Box 1547, Hobart TAS 7001.

