



# My Spouse form

Oracle Superannuation Plan

**Use this form to:**

- Set up super for your spouse
- Make changes to your Spouse Account or insurance cover

You and your spouse must complete this form. See the Plan's Product Disclosure Statement for Spouse members (PDS) for details about Spouse membership.

## Checklist

- Have you both completed this form?
- If your spouse is applying for death-only insurance cover, they should complete an *Application for Insurance* form in addition to this form.
- Have you completed a *Contribution Splitting form*, if applicable?

All forms and the Plan's PDS for Spouse members are available on the Plan's website, <https://super.towerswatson.com/super/oracle>.

## My details (employee member to complete)

|                 |                      |                           |  |
|-----------------|----------------------|---------------------------|--|
| Last name       | <input type="text"/> | Mr/Mrs/Ms/Miss            | <input type="text"/>   |
| First name      | <input type="text"/> | Date of birth             | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Employee number | <input type="text"/> | Male/Female (please tick) | <input type="checkbox"/> M <input type="checkbox"/> F              |

## My spouse's details (spouse to complete)

|                           |   |                |  |
|---------------------------|---|----------------|--|
| Last name                 | <input type="text"/>                                  | Mr/Mrs/Ms/Miss | <input type="text"/>   |
| First name                | <input type="text"/>                                  | Date of birth  | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Male/Female (please tick) | <input type="checkbox"/> M <input type="checkbox"/> F | Email          | <input type="text"/>   |
| Tax File Number*          | <input type="text"/>                                  |                |  |

\* Your Tax File Number (TFN) is confidential. The Trustee is authorised to ask you for your TFN under the Superannuation Industry (Supervision) Act 1993 and to use and disclose it, but you are not required to supply it. If you provide your TFN to the Trustee it will ensure that no extra tax is paid on your contributions and benefits other than that which would ordinarily apply. The Plan cannot accept spouse contributions to your account unless you and your spouse both provide your TFN. It will also make it easier to track any previous superannuation accounts you have held so you can receive all your benefits when you retire. Your TFN may be provided to another super fund or RSA provider unless you tell us in writing not to do so. Your TFN will be treated confidentially and will only be used for lawful purposes. Those purposes may change in the future.

## My contribution options (employee member to complete)

There are different ways you can contribute to the Plan on your spouse's behalf. Please tick the relevant box or boxes.

- I want to make after-tax contributions to the Plan on behalf of my spouse of % from each pay I receive.

I authorise Payroll to deduct this contribution commencing from the next pay period after this application is processed.

- I want to make a single contribution of \$  on behalf of my spouse.

Please attach a cheque payable to the Oracle Superannuation Plan of at least \$500.

- I would like to split my super contributions with my spouse once each financial year.

You will need to complete a *Contribution Splitting form* each year, available from the Plan's website. You can only split your contributions with your spouse after you have first made an after-tax contribution to open a Spouse Account in the Plan.

- I understand that my contributions become the entitlement of my spouse.
- I confirm that I am an Australian taxpayer.

## My investment choice (spouse to complete)

**New spouse members** – Please complete Part 1 only. You must choose how your super is to be invested or your application for membership cannot be processed. There is no fee for making your initial choice.

**Current spouse members** – Unless you make a choice in Part 1, your future contributions will continue to be invested as they are currently invested. Unless you make a choice in Part 2, your current account balances will remain invested as they are currently invested. See below for details of fees.

### Part 1. For new spouse members and current spouse members

I would like my **future contributions** to be invested in the following option or options:

|                    |                                  |             |
|--------------------|----------------------------------|-------------|
| Diversified Shares | <input type="text"/>             | %           |
| Growth             | <input type="text"/>             | %           |
| Balanced           | <input type="text"/>             | %           |
| Stable             | <input type="text"/>             | %           |
| Cash               | <input type="text"/>             | %           |
| <b>Total</b>       | <input type="text" value="100"/> | <b>100%</b> |

#### Remember:

- Your choice must add up to 100%. Otherwise your choice will not take effect and your future contributions will continue to be invested in your current investment option(s) or, if you are a new member, we will be unable to process your application.

### Part 2. For current spouse members only

I would like my **current account balances** to be invested in the following option or options:

|                    |                                  |             |
|--------------------|----------------------------------|-------------|
| Diversified Shares | <input type="text"/>             | %           |
| Growth             | <input type="text"/>             | %           |
| Balanced           | <input type="text"/>             | %           |
| Stable             | <input type="text"/>             | %           |
| Cash               | <input type="text"/>             | %           |
| <b>Total</b>       | <input type="text" value="100"/> | <b>100%</b> |

#### Remember:

- Your choice must add up to 100%. Otherwise your choice will not take effect and your super will continue to be invested in your current investment option(s).

## Switching and fees

You can change your investment choice effective from the first day of each month. If you're changing your choice, make sure you submit your form to the Plan Administrator at least five working days before the date you want your change to take place. Your accounts will be changed on the first day of the following month.

Current members can make two types of switches:

1. You can change how your **future contributions** are invested by completing Part 1 above. This switch is available each month at no cost.
2. You can change how your **current account balances** are invested by completing Part 2 above. This switch is available each month. A switching fee applies at all times.

For details of the current fees that apply, refer to the Plan's PDS, which is available on the Plan's website.

## My insurance cover (spouse to complete)

You have the option of taking out death-only insurance, which provides an additional benefit if you die. The cover is expressed in units and the amount of cover for each unit depends on your age. The fee is \$3 per unit per month. Full details are available in the Plan's PDS, which is available on the Plan's website.

**Yes**, I would like  units of cover at \$3 per unit per month.

**No**, I do not want death-only insurance cover.

You need to **complete an *Application for Insurance form*** about your health, which is available from the Plan's website, if you would like to take out death-only insurance cover.

The Administrator will advise you in writing if your application for death-only insurance is approved by the insurer. Your cover starts from the day the Plan's insurer approves the application and contributions have been received to cover the monthly fees. Your cover stops when you cancel the cover in writing or when there are not sufficient funds in the account to pay the fee. It may also stop in other circumstances – see the PDS for Spouse members for details.

If you are an existing member and you would like to reduce or stop your death-only insurance cover, please write to 'The Trustee of the Oracle Superannuation Plan' via the Plan Administrator (see below for contact details).

## Our declaration

We confirm that we have received and understood the Plan's PDS for Spouse members. We agree to be bound by the Trust Deed and Rules of the Plan. The information in this form is true to the best of our knowledge and belief.

We are living on a bona fide domestic basis in a relationship as a couple and are both Australian residents for tax purposes. We'll let the Trustee know if this changes. We have read and understood the summary of the Plan's Privacy Policy contained in the PDS and we agree to the use of our personal information as disclosed therein.

Signature (employee)  Date  /  /

I (the spouse) also understand that the Trust Deed and Rules of the Plan define the terms of my membership of the Plan and I agree to be bound by them. I understand that my death benefit will be paid to my estate.

If I am applying for insurance cover, I have attached a completed *Application for Insurance form* for the insurer. I agree that all insurance is subject to the conditions in the Plan's insurance policy. I confirm that I want my insurance cover (if approved) to continue even if:

- My account balance is below \$6,000;
- I am under age 25; or
- My account is inactive for a continuous period of 16 months.

I will advise the Trustee if this changes.

If I have provided my email address, I agree that the Trustee may use that email address to send me information including PDSs, Benefit Statements, Exit Statements, Annual Reports, newsletters or information on material changes to my super or significant events, electronically. If I have not provided it, I authorise the Trustee to send any such information to me at our home address.

Signature (spouse)  Date  /  /

**Please return your completed form and *Application for Insurance form* (if required) to:**

**The Plan Administrator  
Oracle Superannuation Plan  
PO Box 1442  
Parramatta NSW 2124  
Ph: 1800 127 953**

The Plan Administrator will acknowledge receipt within five business days. They will also send any *Application for Insurance forms* to the insurer. If you don't receive an acknowledgement, please call the Plan Administrator on **1800 127 953**.

## Administrator use only

Form received .....  /  /

*Application for Insurance form* received .....  /  /

Acknowledgement sent .....  /  /