

Step 3 – Sign the form - contributing spouse

I wish to make contributions to Lutheran Super for the benefit of my spouse named above (Step 1) who is an existing member and eligible to receive such contributions. By signing this form I understand that:

- I acknowledge that any such contributions to Lutheran Super are for the benefit of my spouse (the "nominated" spouse) and cannot be repaid to me. I confirm that the "nominated" spouse is my spouse within the meaning of relevant Government Legislation (as set out in the Product Disclosure Statement "Nominated" Spouse), and if over the age of 65 and under 70, is gainfully employed for at least 40 hours in any 30 consecutive days during the financial year in which the contribution is being made.
- I will advise the Trustee if my nominated spouse ceases to be my spouse within the meaning of the legislation or, if between 65 and 70 ceases to be gainfully employed for at least 40 hours in any 30 consecutive days during the financial year in which the contribution is being made.
- I confirm that I am not entitled to a tax deduction for these spouse contributions.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

X

Date

/ /

**Please return your completed form to the Fund Administrator,
Lutheran Super,
GPO Box 4303, Melbourne, VIC 3001.**

