

# Family law request for information



This form is also known as a Form 6 Declaration in accordance with subsection 90XZB(2) and 90YZR(2) of the *Family Law Act 1975* (Cth) and regulation 62 of the *Family Law (Superannuation) Regulations 2001*. Use this form if you are a member, the spouse of a member, or a person who intends to enter into a superannuation agreement with a member, and you wish to seek information about a superannuation interest (under the *Family Law Act 1975*).

## SECTION 1 YOUR DETAILS

▶ Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Professor	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>						
Given name	<input type="text"/>						
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender			<input type="checkbox"/> Male <input type="checkbox"/> Female
Daytime contact number	<input type="text"/>						
Email address	<input type="text"/>						
Residential address (not PO Box)	<input type="text"/>						
Suburb/Town	<input type="text"/>						
State	<input type="text"/>					Postcode	<input type="text"/>
Country (if not Australia)	<input type="text"/>						
Postal address (if different)	<input type="text"/>						
Suburb/Town	<input type="text"/>						
State	<input type="text"/>					Postcode	<input type="text"/>
Country (if not Australia)	<input type="text"/>						



## SECTION 2 REASON FOR YOUR REQUEST

I'm asking for the information because (choose one option):

I'm a member of UniSuper

I'm the spouse of:

(member name), who is a member of UniSuper

I intend to enter into a super agreement under the Family Law Act 1975 with:

(member name), who is a member of UniSuper

I need the information to (choose one option):

Assist me to properly negotiate a super agreement

Assist me in relation to a family law matter

## SECTION 3 DETAILS OF MEMBER WHOSE SUPER IS BEING REQUESTED

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Professor	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>						
Given name	<input type="text"/>						
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Member number (if known)	<input type="text"/>						

## SECTION 4 RECIPIENT DETAILS

I,  request that you provide:  Me  My lawyer

Lawyer's name	<input type="text"/>						
Daytime contact number	<input type="text"/>						
Email address	<input type="text"/>						
Postal address	<input type="text"/>						
Suburb/Town	<input type="text"/>						
State	<input type="text"/>	Postcode	<input type="text"/>				

What information we will provide you:

1. Member and account details, including member name, date joined fund and eligible service period.
2. Information about the value of the benefit, including a balance estimate at the date requested below.

Please provide a balance estimate at the following date (DD/MM/YYYY):

If we can't provide a balance estimate at the requested date, we will provide valuations as at dates before and after your requested date plus details of any rollovers, transfers and payments that occurred during the period.

3. Preservation and tax components, which include:

- preserved, restricted non-preserved and unrestricted non-preserved amounts, and
- taxable and tax-free components.

## SECTION 5 DECLARATION AND SIGNATURE

➤ Please read this declaration before you sign and date your form.

- I declare the information I've provided in this form is true and correct.
- I consent to my personal information being collected, used and disclosed in accordance with UniSuper's Privacy Statement and Policy.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

DD MM YYYY

### Need help?

For more information:

- email [enquiry@unisuper.com.au](mailto:enquiry@unisuper.com.au), or
- call **1800 331 685**.

### Return your form to:

- email [enquiry@unisuper.com.au](mailto:enquiry@unisuper.com.au), or
- mail to UniSuper, Level 1, 385 Bourke Street, Melbourne VIC 3000

### PRIVACY STATEMENT

UniSuper is committed to protecting your personal information and the confidentiality of your information in accordance with privacy law obligations. The information that you provide to UniSuper on this form is collected and used in accordance with our Privacy Statement and Privacy Policy which can be found online at [unisuper.com.au/privacy](https://unisuper.com.au/privacy). If you have any privacy related questions, please call **1800 331 685**.