

# Family law request for information



Form 6 Declaration, (Regulation 62) Family Law Act 1975 subsection 90MZB (2)

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online, print it and send it to us. Forms are located on our website at [aware.com.au/forms](http://aware.com.au/forms). If you have any questions, please call us on 1300 650 873.

## Declaration by applicant for information about a superannuation interest

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 the member and you wish to seek information regarding a superannuation interest under the *Family Law Act 1975*.

1. I, (name of the person making the application)

of

(postal address of the person making the application)

born on -- (date of birth of the person making the application)

make the following declaration in support of my application to the trustee of:

(name of eligible superannuation fund from which information is sought)

for information about:

- my superannuation interest (choose this option if you are the member); OR
- a superannuation interest of

(full name of member)

born on --, who is a member of the plan.

2. I am:

- a member of the plan (choose this option if you are the member);

OR

- the spouse of

who is a member of the plan; OR

- intending to enter into a superannuation agreement under Part VIII B of the *Family Law Act 1975* with

who is a member of the plan.


3. I require the information to:

- assist me to properly negotiate a superannuation agreement (choose this option if you require this information for a court order); OR
- assist me in connection with the operation of Part VIII B of the *Family Law Act 1975* (choose this option if you require this information for a binding financial agreement).

4.  Yes, I have attached a cheque for \$110, which is the fee payable for this request.

Your signature as the applicant

Date (DD-MM-YYYY)

 Please sign and date form here.



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## Privacy

The personal information provided on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988* (Cth), for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 650 873** or visit [aware.com.au/privacy](http://aware.com.au/privacy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

## Superannuation information request form

To the trustee of (name of eligible superannuation fund from which information is sought)

A W A R E S U P E R

Address of eligible superannuation fund

L e v e l 2 8 3 8 8 G e o r g e S t r e e t

Suburb

State

Postcode

S y d n e y

N S W

2 0 0 0

Name of member

Date of birth of member (DD-MM-YYYY)

Member number (if known)

I, (your name as the applicant)

of (your address as the applicant)

Suburb

State

Postcode

request that you provide [me] or [my lawyer]

Name and address of lawyer if applicable

Suburb

State

Postcode

with the following information about the superannuation interest of the above member:

- All information including a valuation, if the interest is not a percentage-only interest (choose this option if you want to receive a valuation)
- All information excluding a valuation (choose this option if you don't need a valuation)

The information is sought as at -- (effective date)

Dated the -- (current date)

I have read and understood the Aware Super privacy policy.

Signature of person making the application – the eligible person



Please sign and date form here.



Send the form to this address.

## Where to send your completed form

Return the completed form to **Aware Super PO Box 1229 WOLLONGONG NSW 2500.**

If you have any questions, please call us on **1300 650 873.**