

Downsizer contributions

To request this document in an alternative format such as Braille, call us on 13 43 72 or use our Live chat service at gesb.wa.gov.au.

Use this form to make a downsizer contribution into either your GESB Super or West State Super account.

Before completing this form, please ensure you meet the eligibility requirements to make a downsizer contribution. For information on eligibility requirements, please visit the ATO's website at ato.gov.au/downsizing or see *Downsizer Law Companion ruling LCR 2018/9*.

You can also phone the ATO on 13 10 20.

Section 1 Your details

GESB member number

Mr Mrs Miss Ms Other

Last name

Given name(s)

Date of birth / /

Postal address

Postcode

Email address

Mobile phone number

Work phone number

 ()

Section 2 Tax file number (TFN)

If you have not already provided your TFN to us, log in to Member Online or call your Member Services Centre 13 43 72 for a form. If we do not have your TFN we will not be able to accept your after-tax downsizer contributions.

Section 3 Initial contribution

() the account where you would like your contribution deposited into.

GESB Super West State Super

If you're a Gold State Super or Retirement Income Pension member and do not have an existing West State Super or GESB Super account, a GESB Super account will be opened for you.

Note: we have a Privacy Statement that explains how we handle private information about individuals responsibly. Our Privacy Statement is available on our website at gesb.wa.gov.au/privacy or can be obtained by contacting your Member Services Centre on 13 43 72.

You can only make an initial contribution once this completed application has been received by GESB and you have been notified that your new GESB Super account has been opened. Refer to the 'Contributing to your super' brochure for more information, available from gesb.wa.gov.au/brochures.

Section 4 Amount of downsizer contribution

Amount of your contribution \$

Any amount over \$300,000 will not be accepted as a downsizer contribution. Please note, we only accept downsizer contributions by cheque made payable to GESB.

Section 5 Declaration

Please read and sign one of the applicable declarations below.

If being lodged by the member

When making this downsizer contribution and in signing this form, I confirm that:

- I meet all of the eligibility requirements to make a downsizer contribution and declare that the information contained in this form is true and correct
- I understand that the contribution will be allocated to my nominated account and invested in my nominated investment option. If I have not nominated an investment option, my contribution will be invested in the default investment option for my scheme
- I have read the relevant 'Product Information Booklet' and the 'Super contributions' fact sheet, available at gesb.wa.gov.au/brochures and I understand that they contain general information only and do not take into account my investment objectives, financial situation or needs.
- I understand that any contributions are subject to rules and conditions of release, including preservation standards (see the relevant 'Product Information Booklet')

Your signature

Date

Your name

Section 6 Post your form to us

Once you have completed this form, please send it along with a cheque to:

GESB
PO Box J 755
Perth WA 6842

How to contact us

T Member Services Centre 13 43 72

F 1800 300 067

W gesb.wa.gov.au

PO Box J 755, Perth WA 6842

Government Employees Superannuation Board ABN 43 418 292 917

