



For any enquiries contact us on **1300 654 998** Mon to Fri 8am–8pm or Sat 9am–5pm (Melbourne time).
Mail to Members Equity Bank, Reply Paid 1345, Melbourne, Victoria 8060.
Visit www.membersequitybank.com.au

Note – your Family Law court order must be attached in order to have your request actioned

If you are transferring all or part of your spouse's or ex spouse's First Home Saver Account (FHSA) to you:

- FHSA please complete sections **1, 2, 3 and 6**
- superannuation please complete sections **1, 2, 4 and 6**
- nominated account and you are over 60 years of age please complete sections **1, 2, 5 and 6**

Section 1 – Spouse's/ex-spouse's personal details (transfer from) – please provide their full name

Account number

Title (Mr/Mrs/Miss/Ms/Other)

Surname

Given name(s)

Residential address

State

Postcode

Section 2 – Your personal details (transfer to) – please provide your full name

Title (Mr/Mrs/Miss/Ms/Other)

Surname

Given name(s)

Residential address

State

Postcode

Section 3 – Nominated First Home Saver Account details

Name of financial institution

Address of financial institution

Account name

BSB number

Account number

I declare that the account provided is a First Home Saver Account in my name (please tick)

Section 4 – Your superannuation details

Name of super fund

Address of super fund

State

Postcode

Australian business number (ABN)

Superannuation product identification number (SPIN)

Super fund account details

Account number

Client number (if any)

Section 5 – Your nominated account details (if over 60 years of age)

Name of financial institution

Address of financial institution

State

Postcode

Account name

BSB number

Account number

I declare that the I am over 60 years of age (please tick)

Section 6 – Privacy Notice and Declaration

Privacy Notice

By completing this family law obligation form, you are providing personal information to Members Equity Bank for the primary purpose of Members Equity Bank making a payment from or closing your spouse's/ex spouse's FHSA. Your personal information may be used and disclosed to the Commonwealth of Australia. We also collect your personal information for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Declaration

By signing this form I:

- authorise Members Equity Bank to transfer funds as instructed on this form
- confirm that the contents of this form are true and correct

Print name

Signature

Date

Note – please ensure that you have attached the binding court order under the *Family Law Act 1975* with this form.

Members Equity Bank use only

Members Equity Bank Pty Ltd

Australian Business Number (ABN) 56 070 887 679

FHSA BSB number

Account number

Address

State

Postcode

Contact name

Daytime contact details ()

Fax number ()

Signature of Authorised Person

Date