

Work Test or Work Test Exemption Declaration

For the financial year ending 30 June 2022



Use this form if you are aged between 67 and 74 years and want to contribute to your super.

Section 1: Personal details

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given name(s):	<input type="text"/>	Date of birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Post code:	<input type="text"/>		
Telephone (BH):	<input type="text"/>	(AH):	<input type="text"/>
Mobile:	<input type="text"/>		
Email:	<input type="text"/>	Membership number:	<input type="text"/>

Section 2: Work test

You can only make a contribution to your super if you meet the Work Test Criteria or a Work Test Exemption applies.

Work test criteria

☐ I am between 67 to 74 years of age and have worked in paid employment at least 40 hours in a period of not more than 30 consecutive days in this financial year.

Work test exemption

☐ I am between 67 to 74 years of age **and**

- Do not meet the work test criteria (see above) in the current the financial year
- Met the work test criteria (see above) last financial year
- Have a total superannuation balance of less than \$300,000 at the end of the last financial year
- Have not previously relied upon the work test exemption to make voluntary contributions

If you are aged between 67 to 74 and do not meet the work test criteria or are ineligible for a work test exemption, you are unable to make a contribution to your super.

The work test exemption can only be used to make voluntary contributions in the financial year you satisfy the exemption criteria. It can't be used again in subsequent years.

Section 3: Declaration

1. I understand that the personal information that I have provided on this form will be used for the purposes of administering my account.
2. If I am between age 67 and 74, I confirm that I have worked at least 40 hours during a period of not more than 30 consecutive days during this financial year. I give permission for Freedom of Choice to contact my employer to confirm these details.
3. I understand that the government imposes caps on the amount that can be contributed to superannuation, and that I have read information on the contribution caps stipulated in the Freedom of Choice Product Disclosure Statement and Reference Guide available at www.freedomofchoice.com.au.

Member's signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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