

## Contribution work test declaration

To the trustee:      **Avival Super Fund**  
Fund Name

2018  
Financial  
Year

### Member Declaration

Alan Parry      4/2/1950  
Member Name      Date of Birth

33/36 Osborne Road, MANLY      NSW      2095  
Member Address      State      Postcode

### Eligibility to Contribute

Please indicate which of the following options applies to your situation with a cross like the following X.

I declare that:

- ☒ I was aged 65 to 69 and I have worked at least 40 hours in a period of 30 consecutive days or less in the financial year in which this contribution was made/applies.
- ☐ I was aged 65 to 69 and all contributions to my superannuation fund in the financial year in which this contribution was made/applies are either superannuation guarantee, employer certified agreement, spouse or award contributions.
- ☐ I was aged 70 to 74 and I have worked at least 40 hours in a period of 30 consecutive days or less in the financial year in which this contribution was made/applies.
- ☐ I was aged 70 to 74 and all contributions to my superannuation fund in the financial year in which this contribution was made/applies are either superannuation guarantee, employer certified agreement or award contributions.
- ☐ I was aged 75 or older and all contributions to my superannuation fund in the financial year in which this contribution was made/applies are either superannuation guarantee, employer certified agreement or award contributions.
- ☐ None of the above apply as I have not worked at least 40 hours in a period of 30 consecutive days or less in the financial year in which this contribution was made/applies and the contribution is not a superannuation guarantee, employer certified or award contribution. If this is the case, we cannot accept the contribution and it will be returned.

Member Signature

13/4/2019  
Date



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Pension  
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