

**CLEARVIEW RETIREMENT PLAN  
DECLARATION OF EMPLOYMENT STATUS  
FOR MEMBERS AGED 65 –74 YEARS**

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In order for the Trustee to accept your personal superannuation contribution you must declare that you meet the below criteria.

**Criteria to be satisfied**

A person aged 65-74 must have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year in which the personal superannuation contribution is being made.

**Do I satisfy the above Criteria?**

**YES** -Complete the member declaration with the relevant information and return this form to us as soon as possible so that we may accept or process the contribution we have received. Please note that if we have already received your contribution, we are required to return it to you within 28 days if we have not received this notice.

**Please return this form to ClearView Retirement Solutions as soon as possible, either by:**

- Mail:** ClearView Retirement Solutions, Reply Paid 3382, SYDNEY NSW 2001
- Fax:** (02) 9323 9067

**NO** - You are unable to make a contribution to your superannuation policy. However, if we have already received your contribution, we will return the exact amount to you within 28 days unless you notify us earlier that you were not eligible to contribute. No interest is paid on this amount as it was deposited in a non-interest bearing account.

**How long is this Declaration valid for?**

This declaration is valid for the current financial year that it is made. You do not need to make any further declarations if you wish to make any additional personal contributions within that financial year.

**MEMBER DECLARATION**

**To: ClearView Life Nominees Pty Limited, the Trustee of the ClearView Retirement Plan**

I confirm that I have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the current 2007/2008 financial year.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Member Details**

Policy Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

If you have any questions regarding this form, please call ClearView Retirement Solutions on 132 977

1 June 2007