

EasyChoice Member Application Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Important information for you

Please complete this form to become a member of the EasyChoice category of RecruitmentSuper.

2. Your RecruitmentSuper Membership Details

Your RecruitmentSuper Member Number (if known)

Male

Female

Surname (Mandatory*)

Title

Date of Birth (Mandatory*)

Given Name (Mandatory*)

Previous Surname (if different)

Unit / Street Number

Street Name

Suburb / Town

State

Postcode

Email Address** (Please **do not** leave any spaces empty, continue word on next line if necessary)

Phone (After Hours)

Mobile**

Phone (Business Hours)

Fax

* If these fields are not completed, we may not be able to complete your request.

** Providing your mobile number/email address means you are willing to receive important information about your RecruitmentSuper account and other benefits and services by SMS or email.

3. Providing Your Tax File Number

My Tax File Number is

OR

I choose not to provide my Tax File Number.

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. A TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN not be disclosed. It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply): your superannuation fund will be able to accept all types of contributions to your account/s and the tax on contributions will not increase; other than the tax which may ordinarily apply, no additional tax will be deducted when withdrawing superannuation benefits; and it will make it easier to trace superannuation accounts in your name in future.

4. Additional Insurance and Beneficiary information

Eligible EasyChoice members are automatically covered by AutoCover, as described in the EasyChoice Product Disclosure Statement and on our website. If you wish to nominate who will receive your superannuation benefits in the event of your death, please complete a *Nomination of Beneficiary Form*.

5. Privacy Statement

The information requested on this form is required in order to administer your membership. It may also be provided to specific organisations to provide services to you on our behalf. Your personal information will not be used or disclosed for any other purpose without your consent. If you do not provide the information requested, RecruitmentSuper may not be able to administer your account. You may have access to the information RecruitmentSuper holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1300 304 000.

6. Declaration

In signing this *EasyChoice Member Application Form*, I apply to become a member of the EasyChoice category of RecruitmentSuper. I have read and understood the EasyChoice Product Disclosure Statement and agree to be bound by the terms and conditions contained in it.

I declare that to the best of my knowledge and belief, the information I have provided is true and correct.

Signed

Date

D	D	M	M	Y	Y	Y	Y
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7.

Please return this form to:

RecruitmentSuper
GPO Box 4839
Melbourne Vic 3001

For further information:

Phone: 1300 304 000
Fax: 1300 304 444
Email: info@recruitmentsuper.com.au
Website: www.recruitmentsuper.com.au

Professional Associations Superannuation Limited
(ABN 14 056 917 303 AFSL 222590 RSE L0000352)
as Trustee of Professional Associations Superannuation
Fund (PASF) (ABN 78 984 178 687 RSE R1000429).
RecruitmentSuper is a division of PASF.