

SelectSuper Member Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

Yes! I want to join SelectSuper OR **Update my details**

1. 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.

2. 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.

3. Your Employer Details

Your Occupation

Self-Employed

Yes No

Your Employer's RecruitmentSuper Employer Number (if known)

Date Joined Employer

Your Employer's Business or Trading Name

4. Binding Nomination for Your Death Benefits (Please mark only one box)

I have completed my *Nomination of Beneficiary Form* OR

I have not completed my *Nomination of Beneficiary Form* and acknowledge my death benefit will be paid to my estate or a person determined by the Trustee and permitted under superannuation law.

5. Investment Choice (You must complete all details in this section)

* Balanced Growth is the default option, if you do not make a selection for your future contributions or your current balance, your super will be invested in this account.

	Future Contributions			%	Existing Account Balance			%
Cash Plus	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Conservative Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Balanced Growth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
High Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Aggressive Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Total				100 %				100 %

6. Insurance

Death & Total Permanent Disablement (TPD) Insurance

Eligible SelectSuper members are automatically covered by AutoCover, as described in the Product Disclosure Statement and on our website. If AutoCover is insufficient for your needs, then you may apply for ChoiceCover by completing this section of the form. Evidence of good health may be required.

AutoCover required (Maximum 1 Unit)

ChoiceCover required (Maximum 10 Units). Number of ChoiceCover units

Income Protection Cover

SelectSuper gives you the option of Income Protection Cover with a default 90 day waiting period. Please complete an *Income Protection Application Form* if you wish to apply for or amend this cover.

Duty of Disclosure

Before you enter into a contract of general or life insurance with an insurer you have a duty, under the INSURANCE CONTRACTS ACT 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have the same duty to disclose these matters to the insurer before you renew, extend, vary or reinstate this contract of general insurance. Your duty, however, does not require disclosure of any matter:

- that diminishes the insurer's risk.
- that is of common knowledge.
- that the insurer knows, or in the ordinary course of business, should know.
- As to which compliance with your duty of disclosure is waived by the insurer.

Non-Disclosure in relation to Contracts of General insurance

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Pre-Existing Condition Exclusion

I understand that disablement resulting directly or indirectly from a Pre-Existing Condition is excluded from cover under this insurance. A Pre-Existing Condition is any medical condition, whether or not final diagnosis was reached, for which I have received medical attention, sought or received treatment, undergone tests or taken prescribed treatment in the past six months, prior to commencement of cover under this policy.

7. 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.

8. Declaration

I have read and understood the SelectSuper Product Disclosure Statement and agree to be bound by the terms and conditions contained in it. I have read and understood the Duty of Disclosure and if I have anything to declare it is set out on an attached piece of paper.

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

Signed

Date

9. 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.

