



# Personal (Individual) Member Application Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

## 1. Important information for you

If you are a Personal, Self employed or Spouse applicant you should use this form to apply for membership of this product. The Australian Enterprise Super 'Product Disclosure Statement' should be read before completing this form. Spouse applicants will also need to complete a *Spouse Member Contribution Form* which is available from our website or by calling our Customer Service Centre.

## 2. Your Australian Enterprise Super Membership Details

Your Australian Enterprise Super Member Number (if known)

Surname

Title

Date of Birth

Given Name

Previous Surname (if different)

Unit / Street Number

Street Name

Suburb / Town

State

Postcode

Phone (Business Hours)

Phone (After Hours)

Mobile\*

Fax

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

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

## Occupation

Are you joining as a Spouse Member?

Yes

No

Are you

employed **OR**

self employed

What is your current gross annual income?

\$

Approximate number of hours you work per week

## 3. Contributions

If you are making Member contributions, do you intend to claim a taxation deduction for these contributions?

Yes

No

Are you transferring a benefit to the Fund?

Yes

No

(If yes, please complete the *Transfer In Form* which is available from our website or by calling our Customer Service Centre)

Please make cheque payable to Australian Enterprise Super.



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

Your contributions will be invested as indicated until you change your choice at a later date. If you do not make a choice, your contributions will be invested in the Balanced Growth Option.

You can change your choice from time to time. If choosing more than one Option, percentages must be a minimum of 10% and in multiples of 1%.

Note: Investment Choice is only available if your account balance is over \$1,000. If your account balance is less than \$1,000 or no selection is made, the Trustee default option, currently the Balanced Growth option, will apply.

|                     | Future Contributions |                      |                      | Existing Account Balance |                      |                      |                      |          |
|---------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|----------|
| 1. Growth Maximiser | <input type="text"/> | <input type="text"/> | <input type="text"/> | %                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | %        |
| 2. Balanced Growth  | <input type="text"/> | <input type="text"/> | <input type="text"/> | %                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | %        |
| 3. Security Focus   | <input type="text"/> | <input type="text"/> | <input type="text"/> | %                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | %        |
| 4. Cash             | <input type="text"/> | <input type="text"/> | <input type="text"/> | %                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | %        |
| <b>Total</b>        | <b>1</b>             | <b>0</b>             | <b>0</b>             | <b>%</b>                 | <b>1</b>             | <b>0</b>             | <b>0</b>             | <b>%</b> |

#### 5. Insurance Cover

Please note that Personal, Self Employed and Spouse Member applicants must also complete the *Member's Personal Statement* which is available from our website or by calling our Customer Service Centre. For further details regarding Insurance please contact our Customer Service Centre on 1800 555 024.

##### Personal & Self Employed Member Applicants

Insurance is available for death and total and permanent disablement. In this section below, you can select the level of cover below to suit your needs. Please consult the Product Disclosure Statement for information on levels of cover. All Insurance Cover is subject to eligibility and the terms of the policy in force at the relevant time.

I require Basic Cover OR

I require Double Cover instead of Basic Cover OR

I require Top Up Cover. You may apply for Top Up Cover up to a maximum of 10 times your Basic Cover.

Select the multiple of Basic Cover that you wish to apply for:  3  4  5  6  7  8  9  10

##### Spouse Member Applicants

Spouse Members may only apply for a \$15,000 Death Only Cover. Do you wish to apply for this cover?  Yes  No

If applying for this cover please complete the *Member's Personal Statement* which is available from our website or by calling our Customer Service Centre.

#### 6. Beneficiary information

If you wish to advise your preferred beneficiary/beneficiaries, then please complete the nomination details below.

Superannuation legislation governs to whom a Trustee can pay a benefit in the event of the death of a member. Current legislation requires that the Trustee must pay a benefit only to a dependent or a legal personal representative (the member's Estate).

Generally speaking, death benefits will be paid to dependents, your Estate, or both, in proportions determined by the Trustee. For this purpose "dependents" includes:

- a legal or de facto spouse;
- a child including an adopted child, a step-child and an exnuptial child;
- any other person the Trustee believes is, or was at the date of death, dependent on the member.

The definition of dependent also includes a person who is in an interdependent relationship.

Two persons are in an interdependent relationship and are dependents of each other if:

- they have a close personal relationship;
- they live together;
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship also exists if a close personal relationship exists but the other requirements for interdependency are not satisfied because of a physical or intellectual or psychiatric disability.

Where you have provided beneficiary/beneficiaries details, the Trustee will normally consider your wishes in the distribution of the benefit but the Trustee is only able to use these details as a guide. The nomination/s is not binding on the Trustee. If you wish any other person, apart from a dependent as nominated below, to benefit from the superannuation payment on your death, your Will should correctly reflect these wishes. Your Estate should then be nominated as the beneficiary of the superannuation benefit.

To nominate one or more preferred beneficiaries, complete the form below. If you wish to nominate your Estate, write "My Estate" in the first column and leave the second column blank.

|            |                      |   |                      |   |                      |                      |                      |   |
|------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|---|
| Surname    | <input type="text"/> | Relationship (eg. spouse, son, daughter etc.) | <input type="text"/> | Percentage of benefit (must total 100%) | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Given Name | <input type="text"/> | Relationship (eg. spouse, son, daughter etc.) | <input type="text"/> |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Surname    | <input type="text"/> | Relationship (eg. spouse, son, daughter etc.) | <input type="text"/> |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Given Name | <input type="text"/> | Relationship (eg. spouse, son, daughter etc.) | <input type="text"/> |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Surname    | <input type="text"/> | Relationship (eg. spouse, son, daughter etc.) | <input type="text"/> |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Given Name | <input type="text"/> | Relationship (eg. spouse, son, daughter etc.) | <input type="text"/> |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |

Surname

Given Name

Relationship (eg. spouse, son, daughter etc.)

Percentage of benefit (must total 100%)

 %

Surname

Given Name

Relationship (eg. spouse, son, daughter etc.)

 %

## 7. Providing your Tax File Number

My Tax File Number is

Australian Enterprise Super is authorised to collect your Tax File Number (TFN) under the Superannuation Industry (Supervision) Act 1993 and will use it only for superannuation purposes. These purposes may change in the future. Although it is optional to give us your TFN, there may be consequences if you do not. For example, you may pay more superannuation tax than you have to, although this may be reclaimed through the Australian Taxation Office (ATO). In addition, your TFN may be used in the future to assist in ensuring you do not lose track of your benefits. The consequences of not providing your TFN may change in the future (Please note - it is not an offence if you do not provide your TFN). We may disclose your TFN to the ATO and to another superannuation fund at the time you transfer a benefit to that fund.

## 8. 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, Australian Enterprise Super may not be able to administer your account. You may have access to the information Australian Enterprise Super holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1800 555 024.

## 9. Declaration

- 1) I acknowledge that I have read and understood the information contained in the 'Product Disclosure Statement'.
- 2) I acknowledge my death benefit will be paid to my estate or a person determined by the Trustee and permitted under superannuation law.
- 3) I acknowledge that I have read the Privacy Statement contained on this form.

Signed

Date

## 10. 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.

## 11. Please return this form to:

Australian Enterprise Super  
GPO Box 2258  
Melbourne Vic 3001

## For further information:

Phone: 1800 555 024  
Fax: 1300 880 168  
Email: info@aesuper.com.au  
Website: www.aesuper.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).  
Australian Enterprise Super is a division of PASF.

