



Employer Sponsored Member Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Important information for you

If you are an employee of an Australian Enterprise Super employer sponsor, 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. Personal, Self employed and Spouse applicants should complete the Personal (Individual) Member Application Form which is available from the website or by calling our Customer Service Centre.

2. Your Australian Enterprise Super Membership Details

Your Australian Enterprise Super Member Number (if known)

Surname

Given Name

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.

3. 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"/> %
Total	1 0 0 %	1 0 0 %

4. Insurance Cover

Basic Cover applies for all Employer Sponsored members, subject to eligibility requirements, unless one of the following is selected.

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.

Please note that a Member's Personal Statement must be completed if we receive this document more than 60 days after you commence employment.

Select the multiple of Basic Cover that you wish to apply for:

3 4 5 6 7 8 9 10

Please note that a Member's Personal Statement must be completed if you are applying for Top Up Cover. To obtain a copy of the Member's Personal Statement contact the Customer Service Centre or obtain a copy from the website.



5. 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 details below. If you wish to nominate your Estate, write "My Estate" in the first column and leave the second column blank.

Surname				Percentage of benefit (must total 100%)	
Given Name		Relationship (eg. spouse, son, daughter etc.)			
Surname					
Given Name		Relationship (eg. spouse, son, daughter etc.)			
Surname					
Given Name		Relationship (eg. spouse, son, daughter etc.)			

6. 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.

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, 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.

8. 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

9. 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.

