

APPLICATION FOR SPOUSE MEMBERSHIP
(for those who are in paid employment for less than 15 hours a week)



To be completed by the Applicant

| | | |
|--|--|--|
| | | |
|--|--|--|

Title (Mr/Mrs/Miss/Ms)

(Full name)

Sex (Male/Female)

| |
|--|
| |
|--|

(private address)

| | | |
|--|--|--|
| | | |
|--|--|--|

(Post code)

(Date of Birth)

| |
|--|
| |
|--|

(Name of Combined Fund Member who is your Spouse)

| |
|--|
| |
|--|

(Name of your Spouse's Employer)

I am applying for membership of Combined Fund. I have received and read the Product Disclosure Statement containing the Benefit Summary, latest Annual Report and Member Booklet and:

- I agree to be bound by the provisions of the Trust Deed including any amendments;
- I agree to supply the Trustee with all information required for the management and administration of the Fund;
- I agree to supply the Fund's Insurer with all particulars it may require including evidence of my age and state of health;
- I have read the section in the Product Disclosure Statement on the Fund's Privacy Policy and agree that the Trustee may use my personal information for the purposes described and may retain my Tax File Number on file;
- My preferred Investment Choice is (see **Investment Options in Annual Report**):

You can choose one option or a mixture to suit your own circumstances. Please ensure that your selection totals 100%.

| | | | |
|------------------------------|------------------|------------------------|------------------------------|
| _____ % Australian Shares | _____ % Property | _____ % Growth (80/20) | _____ % Balanced* (70/30) |
| _____ % International Shares | _____ % Interest | _____ % SRI (74/26) | _____ % Conservative (30/70) |

- I am applying for lump sum death and total and permanent disablement insurance as shown below (see **Benefit Summary**):

Nil* An Insured Benefit of \$ _____

***Default option if no selection is made**

| | |
|---------------------------|----------------------------------|
| <i>Signature</i> |/...../..... <i>Date</i> |
|---------------------------|----------------------------------|

PLEASE ALSO COMPLETE THE DEATH BENEFIT DISTRIBUTION FORM OVERLEAF AND THE TAX FILE NUMBER SECTION BELOW

| |
|---|
| <p><i>Tax File Number:</i></p> <p>Please provide your Tax File Number _____</p> |
|---|

Death Benefit Distribution Form



This form helps the Trustee determine who should receive the Death Benefit from the Fund if you die whilst a member.

SECTION A – Complete if you have Dependants

I list below those of my Dependants, as defined in Section D, to whom I would like my benefits to be paid in the event of my death, indicating the proportions I would like each of them to receive.

I fully understand that the Trustee has the discretion to pay my Death Benefit to my Legal Personal Representative or any one or more of my Dependants, whether nominated by me or not and I can change my nomination at any time by notifying the Trustee in writing.

| | | | |
|---------|--|---------------|--|
| Name | | Relationship | |
| Address | | % of Benefits | |

| | | | |
|---------|--|---------------|--|
| Name | | Relationship | |
| Address | | % of Benefits | |

| | | | |
|---------|--|---------------|--|
| Name | | Relationship | |
| Address | | % of Benefits | |

| | | | |
|---------|--|---------------|--|
| Name | | Relationship | |
| Address | | % of Benefits | |

(If insufficient space, provide information on a separate sheet)

.....
(signature of applicant)

...../...../.....
(date)

SECTION B– Complete if you do not have Dependants

I currently have no Dependants as defined in Section D. I understand that, if I die leaving no Dependants, my Death Benefit will be paid to my Legal Personal Representative.

.....
(signature of applicant)

...../...../.....
(date)

SECTION C– Complete in all cases

Name & contact details of nearest relative **not** living with you: Name: _____

Relationship: _____ Address: _____

Telephone: _____

SECTION D– Dependants

- Your spouse (including a de facto spouse who can be of the same sex as you).
- Your children (including adult, adopted, ex-nuptial and foster children, a ward of you or your spouse, a child for whom you or your spouse are standing in loco parentis and a person who is a child of you or your spouse within the meaning of the Family Law Act 1975).
- Any other persons who are wholly or partially financially dependent on you (ie. they rely upon you for financial support).
- An Interdependant. This is a person with whom you live and have a close personal relationship. One of you must rely upon the other for financial support and one of you must provide the other with domestic support and personal care.

Note: Your mother, father, sister, brother and other relatives and friends are NOT Dependants unless they rely upon you for financial support or meet the definition of an Interdependant.