

# APPLICATION FOR MEMBERSHIP

## EMPLOYED SPOUSE MEMBER



*To be completed by the Applicant*

<i>Title (Mr/Mrs/Miss/Ms)</i>	<i>(Full name)</i>	<i>Sex (Male/Female)</i>
<i>(street address)</i>		
<i>(post office box no. if applicable)</i>	<i>(Post code)</i>	<i>(Date of Birth)</i>
<i>(Home Email Address)</i>		<i>(Mobile Phone No.)</i>

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 of the Fund 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;
- I acknowledge that my employer will deduct from my salary my contributions (if any) to the Fund;
- 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 (85/15)	_____ % Balanced* (75/25)
_____ % International Shares	_____ % Interest	_____ % SRI (74/26)	_____ % Conservative (30/70)

- I elect the following lump sum benefit (see **Benefit Summary**):

<b>DEATH ONLY</b>	<b>OR</b>	<b>DEATH AND TOTAL AND PERMANENT DISABLEMENT</b>
<input type="checkbox"/> 5 times salary		<input type="checkbox"/> 5 times salary
<input type="checkbox"/> 3 times salary		<input type="checkbox"/> 3 times salary
<input type="checkbox"/> 1 times salary		<input type="checkbox"/> 1 times salary
<input type="checkbox"/> \$ _____		<input type="checkbox"/> \$ _____
<input type="checkbox"/> No insured amount		<input type="checkbox"/> No insured amount*

- I elect the following Salary Continuance Insurance Option (see **Benefit Summary**):

<input type="checkbox"/>	75% salary payable up to age 65 after a 90 day waiting period
<input type="checkbox"/>	75% salary payable for up to 2 years after a 90 day waiting period
<input type="checkbox"/>	No Salary Continuance insurance*

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

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

**PLEASE ALSO COMPLETE THE DEATH BENEFIT DISTRIBUTION FORM OVERLEAF**

***For Employer's use only***

Date Joined Employer: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Joined Fund: \_\_\_\_/\_\_\_\_/\_\_\_\_ Annual Salary \$ \_\_\_\_\_

Is the Member a Part-time Employee working less than 15 hours per week? NO  YES

Is the Member a Casual Employee? NO  YES

***For Employer's use only***

Employee's Tax File Number \_\_\_\_\_

# 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 of the Fund.**

## 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.**