

Application checklist

Joining First Super

Employer-sponsored members

If your employer agrees to make contributions to First Super, you are eligible to join the Industry Superannuation Division. Please complete the *Membership Application Form* opposite.

Checklist:

- > Have you provided your personal details in Section 1?
- > Have you provided your Tax File Number in Section 2?
- > Have you provided your employment details in Section 3?
- > Have you answered the questions relating to insurance cover in Section 4?
- > Have you chosen your preferred investment strategy in Section 5?
- > Have you nominated your preferred beneficiaries in Section 6?
- > Have you signed and dated the form in Section 8?

Self-employed and spouse members

Self-employed and non-working individuals (including spouses) over age 18 are eligible to join the Personal Superannuation Division. Please complete the *Membership Application Form* on page 9.

Checklist:

- > Have you provided your personal details in Section 1?
- > Have you provided your Tax File Number in Section 2?
- > Have you provided details of your initial contribution in Section 3?
- > Have you chosen your preferred investment strategy in Section 5?
- > Have you nominated your preferred beneficiaries in Section 6?
- > Have you signed and dated the form in Section 8?

Increasing insurance cover

Employer-sponsored members are automatically granted 4 units of Death & TPD cover when they join the Fund (conditions apply).

Self-employed and spouse members wishing to apply for insurance cover or employer-sponsored members wishing to apply for more cover will need to complete the *Application for Insurance Cover Form* on page 47.

Checklist:

- > Have you provided your personal details in Section 1?
- > Have you nominated the number of Death & TPD or Death only insurance units you require in Section 2?
- > Have you nominated the Income Protection benefit required and your preferred waiting period in Section 3?
- > Have you completed the **Statement of personal health – part A** in Section 5? If required, have you also completed the **Statement of personal health – part B**?
- > Have you signed and dated the form in Section 6?

Making extra contributions

First Super allows members to make extra contributions to super through:

1: Salary sacrifice:

2: Voluntary contributions: see page 16 for details.

Consolidating your super savings

First Super accepts transfers from any complying superannuation fund, approved deposit fund or retirement savings account.

To make a transfer, you'll need to complete the *Transfer Your Super Form* available on request or at www.firstsuper.com.au.

Return all signed and completed forms to:
First Super Administration
PO Box 666
Carlton South VIC 3053

Membership Application Form

Industry Division for employer-sponsored members

Complete this form if your employer makes superannuation contributions for you.

Please complete in pen. Applications must be completed in full before an account can be established in your name.

1: Your personal details

Title	Date of birth	Sex (m/f)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Given names	<input type="text"/>	
Family name	<input type="text"/>	
Residential address	<input type="text"/>	
	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (work)	Mobile
<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>
Email	<input type="text"/>	

2: Tax File Number

I have read the section on Tax File Numbers (TFNs) on page 44 of the First Super Product Disclosure Statement and understand that I have a choice of providing my TFN. I understand that, when provided, First Super will only use my TFN for lawful purposes. If I choose not to provide my TFN, I understand that I will not be able to make after-tax voluntary contributions to First Super and my before-tax contributions may be taxed at the highest marginal tax rate, plus the Medicare levy. I hereby choose to provide my Tax File Number:

3: Your employment details

Employer's name		
<input type="text"/>		
Employer's address		
<input type="text"/>		
	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date commenced with employer		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

4: Your insurance

Automatic cover – 4 units of Death & TPD:

- a:** Are you physically able to perform your work duties on a full-time basis, not undergoing any rehabilitation program and can properly perform the normal tasks of your paid employment with a First Super employer?* (tick whichever applies)
 YES NO
- * You can answer YES to this question whether you are currently working on a full-time, part-time or casual basis, or if you are on fully-paid leave, unless sickness or injury is the reason you are not working full-time or the reason you are on leave.
- b:** Have you ever previously received a TPD benefit from a superannuation fund or insurance policy, or are you eligible to receive a TPD benefit from any source?
 YES NO

Notes:

- 1:** If you are not actively at work at the time of completing this application, your TPD insurance cover will be limited to 'new events'. Please refer to the Insurance section on page 27 of this PDS for further details.
- 2:** If you have previously received or are eligible to receive a TPD benefit from any source, you are not eligible for TPD cover, but can still choose to take Death only insurance cover.

Low-Risk occupations – lower premiums:

- c:** Do you spend at least 80% of your working time in an office environment? YES NO
- d:** Are you solely engaged in a professional, managerial, marketing, accounting, administrative or clerical occupation? YES NO
- e:** Are you engaged in any other occupation? YES NO
- If Yes, please specify:

Additional cover:

I require additional cover YES NO

If you require more than 4 units of Death and TPD insurance, and/or would like to apply for Income Protection cover, please complete the *Application for Insurance Cover Form* on page 51.

Now complete sections 5, 6 and 8 overleaf >>>

5: Member investment choice

Before completing this section, First Super recommends you read the section *Investing your super* on page 19 of this PDS and obtain professional advice relating to your own circumstances. The information provided by First Super is of a general nature and does not constitute investment advice.

I would like to invest in the following investment options:

First Super Balanced (default)	%
First Super Shares Plus	%
First Super Conservative Balanced	%
First Super Cash	%
TOTAL must equal	100%

Note: If you do not make a choice, your account will automatically be invested in First Super Balanced.

6: Nominating your preferred beneficiaries

Please provide details of any dependants (see page 31 of this PDS) who may be entitled to any insurance or superannuation benefits in the event of your death. This information will be used as a guide to determine who should be paid any benefits on your death. It is not binding on the Trustee.

Full name	Address	Relationship	% Share
TOTAL must equal			100%

7: Other options

Voluntary contributions: Making additional contributions is a good way of boosting your retirement savings. Contact First Super for details.

Transfer your other super into First Super: To transfer superannuation from your other funds into First Super, please complete the *Transfer Your Super Form*, available on request or at www.firstsuper.com.au.

8: Declaration

To apply for membership of the First Super Industry Superannuation Division, you must sign and date this form having read the statements below.

I hereby:

- > apply to the Trustee for admission as a member of First Super under the terms and conditions of the Trust Deed by which the Fund is operated;
- > acknowledge receiving the Product Disclosure Statement (PDS);
- > acknowledge that I have read the section on nomination of beneficiaries contained in the PDS;
- > acknowledge that I have read the Privacy Statement on page 50 and hereby consent to the collection, use, storage and disclosure of my personal information as described therein; and
- > acknowledge that First Super may use my personal details to search for lost superannuation money on my behalf.

With regard to my insurance cover, I acknowledge that:

- > I have read and carefully considered Question 4 in this application and all answers provided are true and correct;
- > cover is conditional upon me, as a potential insured member, disclosing all matters known to me that are relevant to the Fund's or the insurer's decision to issue cover, and acknowledge that if I do not comply with this condition, then the Fund or the insurer may cancel my cover and/or not pay a claim;
- > if I am accepted as an insured member, and I have not fully disclosed all known circumstances then the Fund or the insurer may not pay a claim arising out of, or in relation to, those circumstances;
- > I have read the Duty of Disclosure on page 54 of this PDS and understand my obligations under the Insurance Contracts Act 1984.

Please sign here

Date



Please return this completed form to: First Super, PO Box 666, Carlton South VIC 3053

t: 1300 360 988 f: 1300 362 899 e: mail@firstsuper.com.au w: www.firstsuper.com.au

This application is part of the First Super Product Disclosure Statement dated 31 October 2009.