

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

Personal Division for self-employed, spouse and other members

Complete this form if you **do not** have an employer making 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"/>
Given names	<input type="text"/>	
Family name	<input type="text"/>	
Residential address	<input type="text"/>	
<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"/>
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 initial contribution

To join the First Super Personal Superannuation Division, please write the amount of your initial contribution(s) in the appropriate box(es) below and provide a total figure. You need to make an initial contribution of at least \$1,000.

Transfer amount*	\$	<input type="text"/>	* If you are making an initial contribution by transferring or rolling over from another superannuation fund, please complete the <i>Transfer Your Super Form</i> , available on request or at www.firstsuper.com.au and attach the relevant documentation. # To enable spouse contributions to be made on your behalf, please ensure that your spouse completes Section 4 of this form. ^ A small business CGT concession amount can be rolled over into First Super using the Capital Gains Tax Cap Election Form, available on request.
Member contributions	\$	<input type="text"/>	
Spouse contributions#	\$	<input type="text"/>	
CGT rollover^	\$	<input type="text"/>	
TOTAL	\$	<input type="text"/>	

Cheques should be payable to First Super and marked 'NOT NEGOTIABLE'.

4: Spouse contributions

This section must be completed (and signed) by the eligible spouse of the applicant named in Section 1 who wishes to make a spouse contribution on the applicant's behalf.

I, (insert full name of contributing spouse) wish to make a contribution to the First Super Personal Superannuation Division to establish a spouse account in First Super on the applicant's behalf.

I declare that:

- > I am the eligible spouse of the applicant named in Section 1 of this form;
- > I am currently living with the applicant on a permanent basis and I undertake to immediately notify the Trustee if this situation changes;
- > I receive some assessable income; and
- > I am not the applicant's employer.

Contributing spouse signature

Date

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)	<input type="text"/>	%
First Super Shares Plus	<input type="text"/>	%
First Super Conservative Balanced	<input type="text"/>	%
First Super Cash	<input type="text"/>	%
TOTAL must equal	<input type="text"/>	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
<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"/>	<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"/>
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 Personal 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) and understand the duty of disclosure on this application;
- > acknowledge that I have read the section on nomination of beneficiaries contained in the PDS; and
- > acknowledge that First Super may use my personal details to search for lost superannuation money on my behalf.

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.