Membership Application Form

for Employer–Sponsored Members

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

Office Use Only: Member Number

Scan for First Super's Product Disclosure Statements

Member | Retirement

Please complete this form with **CAPITAL LETTERS** and a blue or black pen.

Section 1 | Your personal details

Title (Mr, Mrs, Ms etc)

Date of birth (DD/MM/YYYY) / /

Gender ☐ Male ☐ Female ☐ Other

Surname

Given name(s)

Residential address

Suburb **State** **Postcode**

Postal address ☐ (Tick box if same as above)

Suburb **State** **Postcode**

Telephone (home) **Telephone** (work) **Mobile**

Email address **Occupation**

By providing your email address and phone number, you are consenting to First Super communicating with you in these ways. We may also contact you by mail, your firstonline account, our Mobile App or through our website **www.firstsuper.com.au**

☐ **Please tick this box if you do not want to receive marketing information from us using your email or phone number.**

You can also change your preferences at any time by calling Member Services on **1300 360 988**. Changes may also be made through firstonline and the Mobile App.

Section 2 | Tax File Number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect, use and disclose your TFN.

First Super may disclose your TFN to another superannuation provider when your benefits are being transferred unless you request in writing that we do not disclose your TFN to any other superannuation provider.

Declining to quote your TFN to First Super is not an offence. However, giving it to us will have the following advantages:

> we will be able to accept all permitted types of contributions to your account/s;
> other than the tax that may ordinarily apply, you will not pay more tax than you need to – this affects both contributions to your super and payments when you start drawing down your super benefits; and
> it will make it much easier to find different super accounts in your name so that you receive all your super benefits when you retire.

I agree to provide my TFN for the purpose outlined in the First Super Product Disclosure Statement:

☐ **Yes** ☐ **No**

I advise my TFN is:

I have read the information concerning Tax File Numbers and understand a failure to provide my TFN will result in tax implications on my concessional contributions and the inability of the Fund to receive any non-concessional contributions. I further understand the Fund will only use my TFN for the approved purposes.

Section 3 | Your employment details

Employer's name

Employer's contact number

Employer's address

Suburb

State

Postcode

Date commenced with employer (DD/MM/YYYY)

Section 4 | Your insurance

Before completing this section, you should read the important information about insurance in super before making a decision. See our Insurance booklet at **firstsuper.com.au/PDS** or call Member Services on **1300 360 988** for a copy. The information provided by First Super is of a general nature and does not constitute investment advice.

Completing and signing this form counts as a "Valid Election" under the definition required by law and as detailed on page 19 of our Insurance booklet.

Default insurance cover is required by law to be added to your account when you meet the eligibility criteria. Please also consider the definition of **Eligibility Criteria** in the policy which includes:

means a Member of the Fund who:

a) in respect of the Total and Permanent Disablement Benefit, is aged between eleven (11) and sixty nine (69) years of age inclusive;

b) in respect of the Death Benefit and Terminal Illness Benefit, is aged between eleven (11) and sixty nine (69) years of age inclusive;

c) is not a Member who advises you, in writing, that he/she elects not to be covered for benefits of the type provided under this Policy; and

d) with respect to the Total and Permanent Disablement Benefit only, a Member who has been paid or been eligible to receive a benefit from the Fund or another superannuation fund or Policy of life insurance will only be eligible for Limited Cover for Total and Permanent Disability cover.

You can opt out of receiving default insurance on your account where you meet the eligibility criteria, either now, or at some time in the future.

You can also opt in to receive insurance on your account if you are younger than 25 or have an account balance that is less than $6,000 provided you meet all of the eligibility criteria.

Action point: make a decision about insurance

☐ **Yes**, I would like default insurance on my account when I meet the eligibility criteria

☐ **No**, I do not want default insurance to be added to my account when I meet the eligibility criteria

We are required by law to cancel your default insurance where your account balance does not receive a contribution or rollover over a period of 16 continuous months. You can elect to keep (opt in) your default insurance on your account where your account balance does not receive a contribution or rollover over a period of 16 continuous months.

☐ **Yes**, I would like to opt in to hold and retain cover with First Super, even if I am under age 25 and/or my account balance is below $6,000

☐ **Yes**, I would like to opt in to keep my default insurance on my account, even if my account balance does not receive a contribution or rollover over a period of 16 continuous months

> I understand my election(s) (opt-in) will apply to all insurance cover through my account, including any cover for Death, Total and Permanent Disablement, and Income Protection that I already hold in my account and that I am applying for by this application.

> I understand my election(s) (opt-in) will continue to apply to my insurance cover unless and until it is/they are withdrawn by me in writing. I understand that I can withdraw my election(s) at any time.

You should read Section 2 of the Insurance Guide for the meaning of defined terms, more information and to understand when Limited Cover may apply.

Increase your cover without any health evidence

You may be able to increase your cover without the need to provide any health evidence if you:

1. join First Super within six months of commencing employment with your employer and return this form within six months of commencing employment;

2. are able to answer **Yes** to question "a" and **No** to question "b" above.

If you meet these criteria you are able to elect to increase your cover to up to 8 units of Death and TPD:

Total Death and TPD cover required: (tick whichever applies) ☐ **5 units** ☐ **6 units** ☐ **7 units** ☐ **8 units**

Section 4 | Your insurance *(continued)*

White Collar/non-manual / Professional occupations – lower premiums:

You may be eligible to reduce your insurance premiums by answering the following questions:

a: Do you spend at least 80% of your working time in an office environment? ☐ Yes ☐ No

b: Are you solely engaged in a professional, managerial, marketing, accounting, administrative or clerical occupation? ☐ Yes ☐ No

c: Are you engaged in any other occupation which would change your answers to questions "c" and "d" above? ☐ Yes ☐ No

If you answer **Yes** to questions "a", "c" and "d" and **No** to question "e" you are eligible for White Collar/non-manual premiums.
If you are not eligible for White Collar/non-manual premiums you will be covered at Blue Collar/manual rates.
If you are eligible for White Collar/non-manual you may be eligible for Professional rates by answering questions:

d: Are your duties entirely undertaken within an office environment? ☐ Yes ☐ No

e: Do you earn more than $125,000 per year from your profession? ☐ Yes ☐ No

f: Do you hold a senior management role or hold tertiary qualifications relevant to your profession or are you a member of a professional institute or registered government body related to your profession? ☐ Yes ☐ No

If you were eligible for White Collar/non-manual above and also can answer yes to "f", "g", and "h" you are eligible for Professional rates

Section 5 | Member investment choice

Before completing this section, First Super recommends you read the information about investing in this PDS. 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 Conservative Balanced**	%
First Super Shares Plus	%	**First Super Cash**	%
First Super Growth	%	**TOTAL must equal**	100 %

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

Section 6 | Nominating your beneficiaries

You can nominate who you would like to receive your super benefit and any insurance in the event of your death. You can make a nomination that is Lapsing Binding, Non-Lapsing Binding or Non-Binding on the Trustee by completing and sending to us the *Nomination of Beneficiary Form* contained in this PDS.

Section 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 register with firstonline at **firstsuper.com.au/login** to check for lost super and consolidate your super.

Section 8 | More about you

Do you have a financial adviser?

☐ Yes ☐ No

If yes, is your adviser from:

☐ A financial institution (e.g. a bank)

☐ A superannuation fund (e.g. First Super)

Are you a member of another super fund?

☐ Yes ☐ No

Do you identify as an Aboriginal, Torres Strait Islander, or the First People of Australia?

☐ Yes ☐ No

Section 9 | Verifying your identity

☐ I authorise First Super to verify my identity electronically against government records or other third-party identity match providers. First Super reserves the right to ask for additional identification documents if required.

Please provide a minimum of TWO forms of identification below. If you don't have a driver licence or passport, please call us on 1300 360 988 for assistance.

Driver Licence

Full name as it appears on licence

Driver licence number | **State of issue** | **Date of expiry** (DD/MM/YYYY) / /

Current Australian Passport

Full name as it appears on passport

Passport number | **Country of issue** | **Date of expiry** (DD/MM/YYYY) / /

Medicare Card

Full name as it appears on Medicare card

Medicare card number | **Individual reference number** | **Valid to date** (MM/YYYY) / /

Medicare card colour (green/yellow/blue)

Section 10 | Declaration

To apply for membership of First Super, 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 relevant Product Disclosure Statement (PDS) and have read the additional information that also forms part of the PDS and the Insurance Guide, both dated 1 October 2026.
> Acknowledge that I have read the section on nomination of beneficiaries contained in the PDS.
> Acknowledge that I have read the Privacy Statement in this PDS and hereby consent to the collection, use, storage and disclosure of my personal information as described therein.
> If I have provided my email address and phone number, I consent to First Super sending me information about my account, First Super's products and services and marketing communications, including third-party products and services, via email, my firstonline account, SMS, Mobile App or phone, in accordance with First Super's Privacy Policy (unless I have opted out). I understand that I can change my preferences at any time by calling the Member Services Team on 1300 360 988, through firstonline or the Mobile App.

With regard to my insurance cover, I acknowledge that:

> I have read and carefully considered all questions in Section 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 to take reasonable care information in the PDS and Insurance Guide, both dated 1 October 2026, and understand my obligations under the *Insurance Contracts Act 1984*.
> I have read TAL's Privacy Policy available at www.tal.com.au/Privacy-Policy.
> I understand that if my First Super account has not received any contributions or other amounts for a continuous period of 16 months (inactive), First Super will be required by law to stop providing me with insurance cover unless I make an appropriate Valid Election (opt in).
> I understand First Super will not be permitted to provide insurance cover if my super account has not had a balance of at least $6,000 (low balance) and/or I am under 25 years of age, unless I make an appropriate Valid Election (opt in).
> I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting First Super.

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Signature ✗

Date (DD/MM/YYYY) / /

Please return this completed form by:

First Super, PO Box 666, Carlton South, VIC 3053

mail@firstsuper.com.au

Want to know more? We're here to help.

1300 360 988

mail@firstsuper.com.au

Download the First Super app to manage your account

firstsuper.com.au

This application is part of the First Super Product Disclosure Statement, dated 1 October 2026.
First Super Pty Ltd ABN 42 053 498 472, AFSL No. 223988. Insurer: TAL Life Limited, ABN 70 050 109 450, AFSL 237848.