

# Application checklist

## Joining First Super

### Employer-Sponsored Members

If your employer agrees to make contributions to First Super please complete the *Membership Application Form for Employer-Sponsored Members*.

#### 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 completed the Nomination of Beneficiary Form in this PDS as requested in Section 6?
- > Have you signed and dated the Form in Section 9?

### Personal Members

Please complete the *Membership Application Form for self-employed, spouse and other members*.

#### 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 completed the Nomination of Beneficiary Form contained in the PDS in Section 6?
- > Have you signed and dated the Form in Section 9?

### Changing insurance cover

New Members are automatically provided 4 units of Death & TPD cover when they join the Fund (conditions apply). Some Employer-Sponsored Members can receive double default insurance by requesting it on the application.

If you wish to apply for additional insurance cover or to change to either the lower cost Low Risk or Professional insurance rates you will need to complete an *Insurance Form*.

Obtain an *Insurance Form* at [firstsuper.com.au](http://firstsuper.com.au) or by calling **1300 360 988**.

#### Checklist:

- > Have you provided your personal details in Section 1 of the *Insurance Form*?
- > 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 4? If required, have you also completed the **Statement of personal health – part B**?
- > Have you signed and dated the Form in Section 5?

### Making extra contributions

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

#### 1: *Salary sacrifice*

#### 2: *Voluntary contributions*

Contact **1300 360 988** for more information.

### 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 *Roll-in Your Super Form*.

**Return all signed and completed Forms to:**

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

# Membership Application Form

## for Employer-Sponsored Members



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

Office Use Only: Member Number

Please complete this Form with **BLOCK LETTERS** and a blue or black pen.

### Section 1 – Your personal details

Title (Mr, Mrs, Miss etc)

Date of birth (DD/MM/YYYY)

Sex (M/F)

Given name(s)

Family name

Residential address

Suburb

State

Postcode

Postal address  (Tick box if same as above)

State

Postcode

Telephone (home)

Telephone (work)

Mobile

Email address

### Section 2 – Tax File Number (TFN)

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

Yes  No

I consent First Super to:

- (a) use my TFN to search the Australian Taxation Office's (ATO) SuperMatch service for any super I may have;
- (b) transfer any super-related monies held by the ATO to my First Super account and to notify me;
- (c) advise me of any other super found and give me the opportunity to transfer it into my First Super account.

This consent is ongoing until I revoke it with the Fund in writing or by calling **1300 360 988**.

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 number

Employer's address

Suburb

State

Postcode

Date commenced with employer (DD/MM/YYYY)

## Section 4 – Your insurance

### Automatic cover – 4 units of Death & TPD: (tick whichever applies)

**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?  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're 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

**Note:** If you are not actively at work at the time of completing this application or if you have previously received or are eligible to receive a TPD benefit from any source, you will receive limited cover for Total Permanent Disablement insurance cover.

### 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 & Total and Permanent Disablement:

Total Death & TPD cover required: (tick whichever applies)

5 units  6 units  7 units  8 units

### Low-Risk / Professional occupations – lower premiums:

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

**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 which would change your answers to questions "c" and "d" above?  Yes  No

If you answer **Yes** to questions "a", "c" & "d" and **No** to question "e" you are eligible for low risk premiums.

If you are not eligible for low risk premiums you will be covered at standard rates.

If you are eligible for low risk you may be eligible for professional rates by answering questions:

**f:** Are your duties entirely undertaken within an office environment?  Yes  No

**g:** Do you earn more than \$125,000 per annum from your profession?  Yes  No

**h:** 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 low risk above and also can answer yes to "f", "g", & "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)	<input type="text"/>	%	First Super Conservative Balanced	<input type="text"/>	%
First Super Shares Plus	<input type="text"/>	%	First Super Cash	<input type="text"/>	%
First Super Growth	<input type="text"/>	%	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 a death benefit in the event of your death. You can make a nomination that is either 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(s) into First Super: To transfer superannuation from your other funds into First Super, please complete the **Roll-in Your Super Form** in this PDS.

## Section 8 – More about you

### What is your current life stage:

Please tick all that apply

- Single with children
- Under 35 and single
- Over 36 and single
- Relationship with no children
- Relationship with children
- Relationship with children no longer at home
- Thinking about retirement
- Retired

### Do you have a Financial Adviser?

Yes  No

If yes, is your Adviser from:

- A financial institute (e.g. a bank)
- A superannuation fund (e.g. First Super)

### Are you a member of another Super Fund?

Yes  No

### Do you speak a language other than English at home?

No

Yes, please specify \_\_\_\_\_

## Section 9 – 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 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 in this PDS and hereby consent to the collection, use, storage and disclosure of my personal information as described therein
- > 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 information in the PDS and understand my obligations under the Insurance Contracts Act 1984.

Please sign here

Signature

X

Date (DD/MM/YYYY)

/ /



Please return this completed form by:

Mail First Super  
PO Box 666  
Carlton South, VIC 3053

Email forms@firstsuper.com.au

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

Call 1300 360 988  
Email mail@firstsuper.com.au  
Website firstsuper.com.au