

Member Application

Employer Sponsored and Personal Plan members



Joining Australian Catholic Superannuation is easy. Simply complete this form using a dark pen and capital letters or type directly into this form online, print it out and send it to us. Ensure all appropriate check boxes are marked with an (X).

The Australian Catholic Superannuation and Retirement Fund's insurance is provided by AIA Australia Limited (ABN 79 004 837 861, AFSL 230043) ("AIA Australia").

Once the form is complete, remember to sign and date it. Return the form to:

Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805

✉ PO Box 656, Burwood NSW 1805

☎ 1300 658 776

🌐 www.catholicsuper.com.au

@ fundoffice@catholicsuper.com.au

🐦 @AusCathSuper

Important

Please choose **one option** only.

Mark (X) the appropriate box.

1 Choose your plan

Employer Sponsored – I am employed by one of Australian Catholic Superannuation's Catholic employers and they will pay Employer payments on my behalf (see section 6 for details of your insurance arrangements).

▶ Complete sections 2, 3, 4, 5, 6, 9, 10 and 12.

OR

Personal Plan – I am not employed by one of Australian Catholic Superannuation's Catholic employers. (See Section 8 for details of your insurance arrangements).

▶ Complete sections 2, 3, 4, 7, 8, 9, 10, 11 and 12.

2 Your personal details

Title Surname

Given names

Date of birth Male Female

Residential address

Suburb State Postcode

Country

Postal address

Suburb State Postcode

Mobile Home telephone number

Email

By providing my email address, I elect to receive Australian Catholic Superannuation communication electronically, including my annual statement, prescribed communications, general correspondence and emails.

To help us better understand your needs, please answer the following optional questions:

I am An Australian citizen A permanent resident A temporary resident Number of dependent children

I am Single Married De facto



Form continues overleaf ▶

Australian Catholic Superannuation – Offices in, Brisbane, Canberra, Perth, Port Macquarie, Sydney, Townsville

3 Your Tax File Number

I agree to provide my Tax File Number after reading Australian Catholic Superannuation's *Superannuation Plan Product Disclosure Statement*.

I advise that my Tax File Number is

If you choose not to provide your Tax File Number, Australian Catholic Superannuation is unable to accept post-tax contributions on your behalf and you may pay additional tax on other contributions and payments.

i Superannuation funds are required and authorised to ask you for your Tax File Number (TFN) under the Superannuation Industry (Supervision) Act 1993. Choosing not to provide your TFN is not an offence, but it may mean that you pay higher tax on your contributions and when you access your benefit in the future.

! Handy tip

Why consolidate your super?

- ✓ One low admin fee
- ✓ Less paper work
- ✓ Greater control over your investment.

i Important

Complete Sections 5 and 6 only if you are an Employer Sponsored Plan Member. Employers can register online.

4 Consolidate your super accounts

I wish to transfer my benefits from one or more super funds into Australian Catholic Superannuation. I have attached a copy of Australian Catholic Superannuation's *Consolidate your super* form and any supporting documentation required for each account I wish to transfer.

5 Your employment details

Complete this section only if you are an Employer Sponsored Plan member.

Employer's name

Employer's address

Suburb

State

Postcode

Employer's phone number

Date joined employer

Salary

\$



Form continues overleaf

i Important

Please read the insurance section of Australian Catholic Superannuation's Superannuation Product Disclosure Statement and our Insurance fact sheet for detailed information on our insurance options.

! Note

The default cover provided depends on your age. For members below age 25 please refer to the Insurance Factsheet for the amount of default cover you are eligible to receive as it varies from the default cover detailed above.

! Note

Please select all of the insurance types you wish to opt out of.

6 Your Employer Sponsored Plan insurance cover

As an Australian Catholic Superannuation Employer Sponsored Plan member, default insurance will automatically commence on the day we receive an employer contribution if you:

- have an account balance of at least \$6,000 (prior to receiving this contribution); and
- are at least 25 years of age.

You will receive:

- 3 units of Death and Total and Permanent Disablement (TPD) insurance cover for members aged 25 to 64
- 1 unit of Death insurance cover for members aged 65-69.
- Up to 85% of your Salary as Income Protection cover, if you are working on a permanent basis.

If you would like to apply for default cover before it is provided automatically, increase or amend your insurance arrangements, please mark (x) the relevant boxes below. We will then send you the appropriate documentation to complete.

I wish to apply:

Default Insurance Cover

- For the default insurance cover (Death, TPD and Income Protection) before the age and account balance eligibility requirements.

Death and TPD

- For the special offer to increase my Death/TPD insurance.

Income Protection

- To change my Income Protection (TSC) waiting and benefit period To increase my Income Protection Insurance (TSC) units

I wish to opt out of:

- Default insurance cover - Death, TPD and Income Protection (TSC) TPD insurance cover
 Death insurance cover Income Protection insurance cover

7 Who can contribute to a Personal Plan

Complete this section only if you are a Personal Plan member.

By law, you can contribute to a Personal Plan with Australian Catholic Superannuation only if you satisfy one of the following conditions: (please mark (x) the relevant box)

- I am under 67 years of age
- I am aged between 67 and 74 (inclusive) and have been gainfully employed for a period of at least 40 hours in a period of no more than 30 consecutive days in the current financial year
- I am transferring my funds into Australian Catholic Superannuation
- I am under 67 years of age and receiving a spouse contribution
- I am aged between 67 and 69 and receiving a spouse contribution and have been gainfully employed for a period of at least 40 hours in a period of no more than 30 consecutive days in the current financial year



Form continues overleaf

8 Your Personal Plan insurance cover

As an Australian Catholic Superannuation Personal Plan member, you will automatically receive 1 unit of default Death and Total & Permanent Disablement Cover (TPD) on the day we receive a deposit or rollover if you:

- have an account balance of at least \$6,000 (prior to receiving the deposit or rollover); and
- are at least 25 years of age.

i Please read the insurance section of Australian Catholic Superannuation's Superannuation Product Disclosure Statement and our Insurance fact sheet for detailed information on our insurance options.

If you would like to apply for default cover before it is provided automatically, increase or opt out of insurance, please mark (x) the relevant box(es) below. We will then send you the appropriate documentation to complete.

- I wish to apply for default insurance cover prior to the age and account balance eligibility requirements
- I wish to apply for additional death and or TPD cover
- I wish to apply for Income Protection Insurance (TSC) cover
- I wish to opt out of all insurance
- I wish to opt out of TPD and retain death only cover
- I wish to opt out of death and retain TPD only cover.

! Note

Before completing this section, it is recommended that you read the *Your investment options: Superannuation fact sheet* available from catholicsuper.com.au.

9 Choosing your investment options

Choose (x) from the following two options:

- Opt into the Lifecycle investment options, LifetimeOne (you do not need to complete the table below, this will be processed automatically)
- Select my own options (select your options by completing the table below):

Managed options				
Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Balanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Socially Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Conservative Balanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Conservative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Capital Stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Build your own options				
Australian Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
International Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Cash and Term Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Credit Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Total	1	0	0	%

i The column must add up to 100% and you must select at least one option.



Form continues overleaf

i Important

To make a Binding nomination, you must complete the *Nomination of beneficiaries* form available from catholicsuper.com.au.

10 Nominating your beneficiaries

You can request us to pay your benefit in a certain way in the event of your death. By nominating your beneficiaries below, we will take into account your beneficiaries when determining who should receive a death benefit. This is known as a Non-binding nomination.

Please see Australian Catholic Superannuation's *Superannuation Plan Product Disclosure Statement* for further information.

The share of the benefit must be a whole number.

Details of nominated beneficiaries

Surname of nominated beneficiary		Date of birth			
<input type="text"/>		<input type="text"/>			
Given names of nominated beneficiary					
<input type="text"/>					
Relationship to you – place an (X) in the relevant box			% of benefit		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Financial Dependant	<input type="checkbox"/> Interdependency Relationship	<input type="checkbox"/> Legal Personal Representative	<input type="text"/>
Surname of nominated beneficiary		Date of birth			
<input type="text"/>		<input type="text"/>			
Given names of nominated beneficiary					
<input type="text"/>					
Relationship to you – place an (X) in the relevant box			% of benefit		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Financial Dependant	<input type="checkbox"/> Interdependency Relationship	<input type="checkbox"/> Legal Personal Representative	<input type="text"/>
Surname of nominated beneficiary		Date of birth			
<input type="text"/>		<input type="text"/>			
Given names of nominated beneficiary					
<input type="text"/>					
Relationship to you – place an (X) in the relevant box			% of benefit		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Financial Dependant	<input type="checkbox"/> Interdependency Relationship	<input type="checkbox"/> Legal Personal Representative	<input type="text"/>
Surname of nominated beneficiary		Date of birth			
<input type="text"/>		<input type="text"/>			
Given names of nominated beneficiary					
<input type="text"/>					
Relationship to you – place an (X) in the relevant box			% of benefit		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Financial Dependant	<input type="checkbox"/> Interdependency Relationship	<input type="checkbox"/> Legal Personal Representative	<input type="text"/>
i Important: The total must equal 100% for your nomination to be valid.					Total <input type="text"/>

If you wish to nominate more than four beneficiaries, please attach a separate page providing the above details (signed and dated).

11 Identification for Personal Plan Members

Personal Plan members are not required by law to provide proof of identification. However, we recommend you do as this is a benefit for security purposes. Please refer to the *Certifying your document* fact sheet attached.



Form continues overleaf

! Take note

Don't forget to sign and date your form before sending it back to us.

We do not accept digital signatures.

12 Declaration

I am applying to be a member of Australian Catholic Superannuation. I have read the *Superannuation Plan Product Disclosure Statement*.

- I agree to be bound by the provisions of the Trustee Deed including any amendments
- I agree to supply all information the Trustee Deed requires for the management and administration of the Fund
- I confirm the information on this application is true and correct to the best of my knowledge.

Print full name (use BLOCK LETTERS)


Signature


Date

PRIVACY STATEMENT: Australian Catholic Superannuation collects and uses personal information in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth) for the management and administration of the Fund as well as to comply with relevant legislation. Personal information may be disclosed to other parties, including persons authorised by the member, the Fund's insurer, government bodies and the trustee of any other fund a superannuation account is transferred to. To access personal information or for a copy of our Privacy Policy, visit catholicsuper.com.au or phone **1300 658 776**.


Contact us


Please sign and date this form and return it to us:


 Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805


 (02) 9715 0090

For more information contact our helpful staff:

 1300 658 776

 www.catholicsuper.com.au

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 @AskAusCathSuper

