

MEMBERSHIP APPLICATION FORM

- ELITE CONTINUED

STEP 3: WORK DECLARATION

I currently have an on going contract of employment and work (Please tick one box only):

Full-time Permanent part-time: hours per week Commission only Casual
 Other (please advise)

STEP 4: NOMINATION OF BENEFICIARIES

To assist the Trustee in determining who should receive any lump sum payable from the Fund in the event of your death, you should complete this section. It is not binding on the Trustee but your wishes will be taken into account.

A dependant is your spouse (including de facto), your child (including step child, adopted child or ex-nuptial child) or others financially dependant on you at the time of your death. For more information in relation to dependants, refer to the **Insurance** section of the Guide.

Please write below the name(s) of the dependant(s) that you want to receive your superannuation and insurance (if any) if you die.

Don't forget to write down what percentage of your benefit you would like each dependant to be paid. The percentages must add up to 100%.

If I die while a member of the Fund, I wish for my benefit to be paid to my dependants listed below. If I sign this form without nominating a dependant, this indicates that I wish my benefit to be paid to my estate.

Full name

Residential address

Suburb

State

Postcode

Relationship

Date of birth

 / /

Proportion of benefit

 %

Full name

Residential address

Suburb

State

Postcode

Relationship

Date of birth

 / /

Proportion of benefit

 %

Full name

Residential address

Suburb

State

Postcode

Relationship

Date of birth

 / /

Proportion of benefit

 %

STEP 5: VOLUNTARY CONTRIBUTION REQUEST

You may choose to voluntarily contribute to REI Super in addition to the contributions made by your employer on your behalf. You should refer to the **Contributions** section of the Guide for full details in relation to your contribution choices.

I wish to make voluntary contributions of:

\$, . OR % per week / fortnight / month (please circle frequency).

I authorise my Employer to deduct these contributions from my:

Before tax salary OR After tax salary

Please ensure your employer is advised of this request so the appropriate deductions can be made from your pay.



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STEP 10: PROOF OF IDENTITY

- I have attached a certified copy of my driver licence or passport **OR**
- I have attached certified copies of both:
 - Birth/Citizenship Certificate or Centrelink Pension Card **AND**
 - Centrelink payment letter, Government or local council notice, or utility bill (<1 year old) with name and address

See page 48 of the Guide for more details.

STEP 11: DECLARATION AND SIGNATURE

Your signature below indicates that you have read, understood and agree to the following statements:

- > I apply to become a member of REI Super on the terms and conditions contained in the Trust Deed and Rules of the Fund. I understand that the Trust Deed and Rules can be inspected on request.
- > I have received and read the information provided to me about the Fund, in particular, the Guide dated 15 November 2008.
- > I have read and understood my Duty of Disclosure in the **Insurance** section of the Guide. I understand that this duty applies until notification of acceptance of any insurance cover.
- > I understand that my personal information will be handled by the Fund to provide and manage my superannuation and without this information the Fund may not be able to provide my superannuation benefits and choices. For this purpose my personal information may pass between the Fund and the Fund's administrator and professional advisors, insurers, government bodies, my employer and other parties as required, including the trustee of any other fund I may transfer to. I may access my information by contacting the Fund's Privacy Officer.
- > The choices I have indicated on this form will remain in force until I advise the Trustee otherwise, with the effective date of change being as advised by the Trustee.
- > The information that I have supplied on this application form is true and correct at the date of signing and I will notify the Trustee immediately if any of this information changes.
- > I consent to the Fund providing me with information about benefits provided by third parties, including home loans and other financial services and products by Members Equity. (If you do not want information sent to you, you simply contact the Fund administrator).
- > Where my email address has been provided I consent to receiving Fund information electronically where this is feasible.

Signature

Date

 / /

STEP 12: EMPLOYER CONFIRMATION (TO BE COMPLETED BY THE EMPLOYER)

Employer trading name

Postal address

Suburb

State

Postcode

Employer code

Date joined employer

 / /

Date joined REI Super

 / /

Important note: Insurance cover will NOT commence until an employer contribution is received.

EMPLOYMENT STATUS

- Permanent full time
- Permanent part-time: hours per week
- Casual
- Other (please advise)

I hereby confirm this employee was:

- at work **OR** not at work on the date joined employer.

Employer representative name

Employer representative signature

Date

 / /
