

Application for Membership Form Spouse Members



This application is specifically for spouses of CBH Superannuation Fund members joining the Fund. It must be accompanied by the 'Spouse Member Contribution Advice' form. This application will not be accepted without the contribution form attached.

Personal Details – Spouse Member (new member) to complete this section

Title: Mr / Mrs / Miss / Ms (please circle one) Date of Birth: _____
Surname: _____ Given Names: _____
Residential Address: _____
Postal Address: _____
Phone number: _____ Email: _____
Tax File Number (TFN): _____ / _____ / _____

The CBH Superannuation Fund is authorised by law to ask for your TFN. You do not have to provide it, but if you do not, you may end up paying more tax and we can't accept after-tax contributions to your account. I agree to provide my TFN and understand that the Trustee will only use it for legal purposes as stated in the Product Disclosure Statement. These purposes may change in the future.

Relationship to Contributing spouse (please circle) Husband Wife Defacto

Are you an Australian resident taxpayer (please circle)? Yes No If you have answered 'no', you are not eligible to have a Spouse Membership.

Insurance Cover

You can request to hold insurance cover through the Fund. You will be required to provide evidence of good health (which may include medical examination or testing) and be accepted by the Fund's insurer before cover commences.

Death and Total Permanent Disablement (TPD) cover

I would like the following Death and TPD cover. I understand that if I don't make a valid choice, nil cover will apply:

Death cover

Nominated amount* \$ _____
 No Death cover

TPD cover

Nominated amount* \$ _____
 No TPD cover

*You may choose a dollar amount of Death cover between \$50,000 and \$10,000,000 and TPD cover between \$50,000 and \$3,000,000. The selected cover must be a multiple of \$50,000 and TPD cover must not be higher than Death cover.

Salary Continuance Insurance (SCI) cover – 90 day waiting period, 75% of income paid

If you work on a permanent basis at least 15 hours per week, you can apply for SCI cover.

I would like the following SCI cover. I understand that if I don't make a valid choice, nil cover will apply.

SCI cover with a 2 year benefit period SCI cover with payments made until age 65 No SCI Cover

Investment option

Please advise your investment choice. You can choose to invest in one option only or split between the three options.

If you do not make an investment choice, you will be invested 100% in the Growth MySuper option.

Investment Option	% of investment
Cash option (100% defensive assets)	%
Balanced option (70% growth assets/30% defensive assets)	%
Growth MySuper option (85% growth assets/15% defensive assets)	%
Total (must total 100%)	%

Growth assets are Australian and Overseas shares, property and other growth investments. Defensive assets are Cash and Fixed Interest.

Application for Membership Form – Spouse Members

Nomination of preferred beneficiaries for death benefits

I nominate the following as my preferred beneficiaries of my death benefits from the CBH Superannuation Fund. I understand my nomination will be used by the Trustee as a guide only and that the Trustee is not in any way bound by my nomination when exercising its absolute discretion to pay my benefits in the Fund. This is not a binding nomination.

Binding nominations may be made using the 'Binding Death Benefit Nomination' form.

Nominated beneficiary (full name)	Address (is same as above, show 'as above')	Relationship (e.g. spouse, child)	Date of Birth	% of Benefit

Signature and Declaration – Spouse Member

I declare that

- I have received a copy of the CBH Superannuation Fund Product Disclosure Statement and the latest Annual Report to Members.
- I have read and understood the Product Disclosure Statement and now apply to become a member of the CBH Superannuation Fund and agree to be bound by the terms, provisions and conditions of the Trust Deed governing the Fund. I understand that the Trust Deed and Rules can be inspected on request.
- My spouse and I are not permanently separated.
- I accept that the information requested on this form is required in order for the Trustee to accept my application for membership and for the ongoing administration of my membership and agree to this information being disclosed for this purpose.
- I acknowledge that neither the CBH Group nor the Trustee of the Fund guarantees the earnings or value of investments in the Fund or the relevant investment policy.
- The information I have provided on this form is correct and complete to the best of my knowledge and belief.

Spouse member's signature

Date

Member details (to be completed by current CBH Superannuation Fund member)

Member Name (please print):

I declare that

- I am an eligible spouse as defined within the Government's Superannuation legislation (a spouse means a wife or husband and includes a de facto spouse and same-sex spouse);
- I do not live separately or apart from my spouse (above) on a permanent basis;
- I do not employ my spouse;
- I am an Australian resident taxpayer;
- I have read and understood the conditions outlined in the Product Disclosure Statement; and
- I agree to make a contribution into my spouse's account as per the attached Spouse Membership Contribution Advice. Once deposited into my spouse's account, I have no further right or claim to the contributions.

Member's signature:

Date

Please send your completed form along with the Spouse Membership Contribution Advice to:

CBH Superannuation Fund, GPO Box L886 West Perth WA 6842

Phone: (08) 9237 9707 **Fax:** (08) 9322 3942 **Email:** donna.adam@cbh.com.au

Your Privacy: The privacy of your personal information is important to us. We are collecting this information to administer your superannuation account and to keep you informed. For more information about the Fund's Privacy Statement, the complete document is available from the Fund.

Date: 31 October 2018

Spouse Membership Contribution Advice

NEW MEMBER DETAILS (RECEIVING SPOUSE)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name (BLOCK Letters)	Family name	Date of Birth
<input type="text"/>		<input type="text"/>
Signature of Receiving Spouse		Date

CONTRIBUTING SPOUSE DETAILS (CURRENT CBH SUPER MEMBER)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name	Family name	Date of Birth

CONTRIBUTIONS AND CONTRIBUTION PAYMENT CONDITIONS

You can make eligible spouse contributions (those for which a tax rebate will be paid) for a spouse who is living with you on a bona fide or domestic basis. 'Spouse' is defined by law as another person, whether of the same sex or a different sex, who is in either a married or de facto married relationship with the taxpayer. It does not include a person who lives separately and apart from the taxpayer on a permanent basis, even though legally married to the taxpayer. **Eligible spouse contributions cannot be made for a receiving spouse who is an employee of the contributing spouse.**

The minimum initial Spouse contribution is \$20.

One-off Spouse contribution by cheque or electronic transfer (EFT) \$	
<i>Cheque to be payable to 'CBH Superannuation Fund', marked 'Not Negotiable' and attached to this form For payment by EFT, bank details are: BSB 066 130, Account: 0090 4849. Please use narration "Spouse" and your surname.</i>	
Ongoing Spouse contributions by after-tax payroll deduction (CBH Employees only)	\$ per pay period

*

CONTRIBUTING SPOUSE DECLARATION (CURRENT CBH SUPER MEMBER)

I have read and understood the conditions on spouse contributions. I confirm these contributions are:

- made for my Spouse (as defined above);
- made by an Australian resident taxpayer; and
- made for my receiving spouse who is an Australian resident under age 65, or aged between 65 and 70 and gainfully employed on at least a part-time basis.

I authorise CBH to deduct after-tax contributions from my pay as nominated above (if applicable).

<input type="text"/>	<input type="text"/>
Signature of Contributing Spouse	Date

Privacy Statement

We collect information about you in order to provide you the service you have requested. We will not pass your personal details to any other party unless authorised to do so under the law or in accordance with the Fund's Privacy Statement. For more information about the Fund's Privacy Statement, the complete document is available from the Fund.

Please return your completed and signed form to:

CBH Superannuation Fund
GPO Box L886 West Perth WA 6842
or donna.adam@cbh.com.au