

# Application for Membership Form



## Personal Details

Title: Mr / Mrs / Miss / Ms (please circle one) Date of Birth: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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.

## Voluntary contributions (optional)

I would like to contribute \$\_\_\_\_\_ per pay period from my  after-tax salary  before-tax salary\*

\*please complete the Superannuation Salary Sacrifice Arrangement form (Store 4729241) and return it to Payroll

## Insurance cover

You will be required to provide evidence of good health (which may include medical examination or testing) before your cover commences if:

- you have been employed by CBH for more than 1 month at the date you join the Fund; or
- you choose death or TPD cover amounts above the default amount for your age plus \$100,000; or
- you request to have SCI cover with payments made until age 65.

Failure to comply with the requirements of the Fund or it's insurer will cause your request for insurance cover to be cancelled.

### Death and Total and Permanent Disablement (TPD) cover

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

- If I have been employed by CBH for more than 1 month at the date I join the Fund: Nil cover; or
- if I have been employed by CBH for 1 month or less at the date I join the Fund: the default amount for my age.

#### Death cover

- The default amount for my age\*
- The default amount for my age plus \$100,000\*
- Nominated amount\*\*: \_\_\_\_\_
- No Death cover

#### TPD cover

- The default amount for my age\*
- The default amount for my age plus \$100,000\*
- Nominated amount\*\*: \_\_\_\_\_
- No TPD cover

\* See the Fund's Product Disclosure Statement for the default amount for your age

\*\* 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 be not be higher than Death cover.

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

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

- If I have been employed by CBH for more than 1 month at the date I join the Fund: Nil cover; or
- If I have been employed by CBH for 1 month or less at the date I join the Fund: SCI with a 2 year benefit period.

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

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## Investment option

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

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

Investment option	% 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.

## 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

By signing this form I:

- acknowledge that I have received all information I require in order to exercise the choices I have made.
- accept that I will be bound by the provisions of the trust deed and rules which govern the operation of the CBH Superannuation Fund.
- understand that my personal information will be handled by the Trustee to provide and manage my super. Without this information it may not be able to provide my super and choices. For this purpose, my personal information may pass between the Trustee of the CBH Superannuation Fund and its professional advisers, insurers, government bodies, my employer and other parties as required, including the Trustee of any other super fund that my super is transferred to. I consent to the handling of my personal information in this manner. I can access my information by contacting the Privacy Officer of the CBH Superannuation Fund.
- authorise my employer to deduct from my pay any contributions I have indicated I'd like to make to my super.
- acknowledge that I have read and understood the Fund's Product Disclosure Statement current at the date of this application and agree to be bound by it.
- declare that I was at work for the normal daily hours of work and actively performing the full duties of my normal occupation for which I was employed if I am applying for automatic insurance cover.

Signature  Date

Please send your completed form to:

CBH Superannuation Fund, 30 Delhi Street West Perth WA 6005

**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.

## Fund Use Only

Date member joined employer  /  /  Date member joined Fund  /  /   
Annual superannuation salary  Payroll number  Employer:

Employment status Full time / Part time (15+ hours per week) / Part-time (under 15 hours per week) / Casual

I certify that the above named member was  at work OR  not at work performing their normal duties on the date they joined the Fund. If not at work, please provide details:

Authorised Signatory  Date

Date: 31 October 2018