

Member Application Form

Please use **BLOCK** letters and black ink when completing this form. This request will be invalid if unsigned by the member.

1. Personal Details

Title Given Name(s)

Surname/Family Name Date of Birth Sex

Residential Address

Number Street Name

Suburb State Postcode

Postal Address (if different from residential address)

Number Street Name

PO Box

Suburb State Postcode

Contact Telephone (Please include area code)

Mobile Phone

E-mail

Tax File Number

Under the Superannuation Industry (Supervision) Act 1993, CONNECT is authorised to collect your TFN, which will only be used for lawful purposes. It is not compulsory to provide your TFN to CONNECT; however if you do not, you may pay more tax on your superannuation benefits than you have to, CONNECT will be prohibited by Government legislation from accepting any voluntary contributions from you, it may be more difficult to find your superannuation benefits if you change address without notifying CONNECT or to amalgamate any multiple superannuation accounts, and any payment of your benefits may be delayed.

My Tax File Number is

I do not wish to provide a Tax File Number
 It is not compulsory to provide your Tax File Number, however if you do not your superannuation may be taxed at a higher rate.

2. Employer's Details

Employer's Trading Name

Employer's CONNECT Number (if known) Employer's Telephone Number (Please include area code)

Date commenced with Employer

3. Insurance cover in the event of death or disability

Are you actively at work with your employer on the date of signing this form? Yes No

Please note that cover is not provided unless you are actively at work with your employer on the date you joined CONNECT.

As a CONNECT member, you are automatically insured with 1 unit of cover for Death and Total and Permanent Disablement (TPD). It costs \$2.07 per unit per week, deducted from your CONNECT account at the end of each month.

Do you require additional units? CONNECT offers up to 40 units (\$2,200,000) of Death and TPD cover. To apply to increase your cover, please refer to the Insurance section of the Member Information Guide on pages 16-20. You will be required to complete a form and will need to provide information about your health. Your application will be assessed by the insurer.

If you require Death ONLY cover, please refer to page 16 of the Member Information Guide.

4. Rolling over

Are you transferring any money into CONNECT from another superannuation scheme? Yes No

If yes, please also complete the separate **Request to Rollover Superannuation Benefits into CONNECT** form.



Before completing this section, refer to the Investment section of the Member Information Guide on pages 11-15. If you do not make a choice, or your choices do not add up to 100%, your super account will automatically be invested in the Balanced option as the default.

5. Investment Choice

CAPITAL STABLE

Minimum risk and lower returns for a protected investment.

Whole numbers only

%

HIGH GROWTH

Higher risk for higher returns over the long-term.

%

BALANCED

Balanced risk for higher returns over the medium to long-term.

%

%

- I understand that any superannuation amounts I have in CONNECT and any future contributions made by myself or my employer will be invested according to my selection above.
- I understand that I can change my investment choice at no charge twice in any one 12 month period.
- I understand that changing my investment choice at other times incurs a \$25 fee, deducted from my CONNECT account.

6. Beneficiaries

You can nominate one or more preferred beneficiaries, including dependants, to receive your benefit in the event of your death. Dependants include your spouse (legal or defacto), your children, or any other person with whom you have an interdependency relationship. Dependants do not include friends, brothers, sisters or parents, unless they are financially dependent on your income. The CONNECT Trustee will take into account your nomination when deciding who should receive your benefit. However the nomination of preferred beneficiaries is not binding on CONNECT and does not in any way affect or restrict any authority, power or discretion vested in the CONNECT Trustee to pay the benefit. You may change your nomination at any time. There is no limit to the number of beneficiaries you may nominate. If there is insufficient space write the details on a separate piece of paper, sign and date it and submit it with this form.

Full name of nominated beneficiary

Relationship to you

Date of Birth

Sex

Portion of benefit

M F %

Full name of nominated beneficiary

Relationship to you

Date of Birth

Sex

Portion of benefit

M F %

Full name of nominated beneficiary

Relationship to you

Date of Birth

Sex

Portion of benefit

M F %

7. Agreement and Declaration

I hereby declare that:

- I agree to become a member of CONNECT and confirm that I have read the CONNECT Member Information Booklet and agree to be bound by the CONNECT Trust Deed;
- I understand that I have 14 days from the date of confirmation of my membership to withdraw my application (cooling off period), subject to superannuation law;
- I consent to my personal information being collected and used in accordance with CONNECT's privacy policy;
- I understand that the Trustee has not provided advice as to the appropriateness of this product or any particular investment option(s) that I have selected which is based on my personal objectives, financial situation or needs;

- Neither CONNECT, nor any of the fund managers, nor their member companies, nor any associated trustees guarantee the repayment of capital or the performance of any investment option;
- I have read and carefully considered all questions, and that the answers that I have provided are all true and correct.

When your details are provided to CONNECT they are securely stored and accessible only by authorised personnel for the purpose of maintaining your account. CONNECT will not use your personal information for any other purpose or pass it on to any other organisation without your express permission. By signing this form, you are agreeing to the handling of your personal information. If you wish to review our Privacy Statement, please contact us on 1800 025 464.

Signature

Date:

**Please return this completed form to: CONNECT, Locked Bag 3410, Melbourne VIC 3001
For assistance call CONNECT on 1800 025 464 (Free Call)**