# Member Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| **To the Trustee**: |  |  |  |
|  | Fund Name |  |  |  | Financial Year |
|  |  |  |  |  |
|  |  |  |
| Member Name |  |  | Date of Birth |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
| Member Address |  |  | State  |  | Postcode |
|  |  |  |  |  |  |
|  |  |  |
| Occupation |  |  | Date Joined Fund |

*Please indicate which of the following options applies to your situation with a cross like the following* ***X.***

|  |
| --- |
| **I declare that:** |

|  |
| --- |
|[ ]  *Either*I am not in an employment relationship with another member. *Or* I am not in an employment relationship with another member who is not a relative of mine. |
|[ ]  I am not a disqualified person under superannuation law from being a Trustee of the fund. |
|[ ]  I will comply with the trust deed. |
|[ ]  Upon request, I will fully disclose in writing any information required by the trustee in respect of my membership of the fund.  |
|[ ]  I agree to act as as a Trustee of the fund. |
|[ ]  I understand the trust deed, particularly its terms concerning the benefits payable under it, and I have received and understand the Product Disclosure Statement |
|[ ]  I have read and understand the prescribed information relating to the collection of Tax File Numbers by the trustees of superannuation funds. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Member Signature |  | Date |

**Trustee Declaration**

We the Trustees of the above fund accept the application for membership of the above member

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Trustee Name |  | Trustee Signature |
|  |  |  |
| Trustee Name |  | Trustee Signature |

# Binding Death Benefit: Beneficiary Nomination

**Member Declaration**

* This is a binding death benefit notice. By completing and signing it I understand that the trustee is required to provide any benefit payable on or after my death to the person or persons listed below in this notice, being one or more dependants or my legal personal representative.
* I direct the Trustees the person[s] named in the following table receive the proportions specified in that table of the benefit that is payable if I die.

|  |  |  |
| --- | --- | --- |
| Person | Relationship to member | Proportion of death benefit |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total 100%

* This beneficiary direction is valid for only 3 years

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Member Signature |  | Date |

**Witness Declaration**

The following witness declares that:

* they are 18 years of age or older;
* they are **not** persons otherwise mentioned in this notice; and
* this form was signed by or on behalf of the member in their presence.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Witness Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Witness Full Name