

Refer to the Product Disclosure Statement (PDS) for more details on each section.

MEMBER APPLICATION FORM

Please write in blue or black pen.

You must have received the Product Disclosure Statement (PDS) before completing this form.

To become a new member:

- If your employer **is registered** with Christian Super, hand the completed & signed form to your employer.
- Otherwise send the form to our Member Care Centre
Christian Super, Locked Bag 5073, Parramatta NSW 2124.

YOUR PERSONAL DETAILS

Mr/Mrs/Ms/Rev/Other Surname

Given Names

Date of Birth

Street Address

Street Number Street Name

Suburb/Town

State Postcode

Postal Address (if different)

Street Number/PO Box

Street Name

Suburb/Town

State Postcode

Phone [daytime] Mobile

Email

Quoting your TFN is not compulsory.

Superannuation and Privacy legislation permit the Trustee to use your TFN when paying or transferring your benefit or to exchange tax or Government co-contribution data with the ATO. If you do not provide your TFN you may pay more tax on your benefits and you may miss out on a co-contribution. For more information refer to the Christian Super Tax Guide.



YOUR TAX FILE NUMBER (TFN)

I agree to provide my Tax File Number

I do not agree to provide my Tax File Number

Please turnover to complete and sign this form



