

# Member Application Form



Please complete this form in BLOCK letters and black pen

**You must have received the Product Disclosure Statement (PDS) before completing this form.** Please refer to the PDS for more details on each section.

If your employer is registered with Christian Super, please give the completed form to your employer.  
If not send to: **Christian Super** Locked Bag 5073 Parramatta NSW 2124 or scan and email to members@christiansuper.com.au

## 1. Your personal details

Mr/Mrs/Ms/Rev/Other	Surname												
Given names													
Date of birth													
Street number/PO Box	Street Name												
Suburb/Town							State		Postcode				
Phone [daytime]					Mobile								
Email													

## 2. Occupational Group

Select the Group that accurately reflects your occupation (*your benefit may be affected if your Group is incorrect when you make a claim*):

- Group 1 (e.g. lawyer, doctor, solicitor, accountant, principal, school business manager)
- Group 2 (e.g. teacher, clergy, social worker, office worker, travel consultant, home duties)
- Group 3 (e.g. nurse, shop assistant, bus driver, jeweller, fully qualified tradesperson, computer technician, gardener, mechanic, store person)

## 3. Tax File Number (TFN) details

I agree to provide my tax file number:  Yes, my TFN is:   No

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 Australian Taxation Office (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.

**Search and consolidate my lost super**

I authorise Christian Super to use my tax file number to search the ATO for any other superannuation accounts in my name and to automatically transfer any ATO held lost super I am entitled to, directly to my Christian Super account.

Please turn over to complete and sign this form

## 4. Investment choice

**Option 1:** Tick this box if you want to invest your entire account balance in Christian Super's default MySuper product, My Ethical Super.

**Option 2:** If you would like to invest in our Choice product, you can do so by choosing one or more of the following investment option(s) from the list below. **If you do not make a selection, your money will be invested into our default MySuper product, My Ethical Super.**

### Investment option

Ethical Index Shares				%
Ethical High Growth				%
Ethical Growth Plus				%
Ethical Balanced Growth				%
Ethical Conservative Balanced				%
Ethical Stable				%
Ethical Cash				%
Total	1	0	0	%



It is important that the total is equal to 100% and all proportions are rounded to the nearest whole percent, otherwise your request may not be able to be processed.

## 5. Non-binding beneficiary nomination

If you die Christian Super will pay your benefit to your dependants as it considers appropriate, or to your legal personal representative. You can nominate your preferred beneficiaries below to assist the Trustee in its decision.

1. Name of dependant

Spouse  Child  Dependant  Legal Representative

% of benefit

2. Name of dependant

Spouse  Child  Dependant  Legal Representative

% of benefit

3. Name of dependant

Spouse  Child  Dependant  Legal Representative

% of benefit

\* Percentage must be in whole numbers. Total percentage of benefit nomination must add up to 100%. Please attach a note with additional Dependants if needed.

**Check Total**

i You can also make a **Binding Beneficiary Nomination** that requires the Trustee to pay your death benefit to one or more dependants specified by you - the form is available at [www.christiansuper.com.au/pds-guides-forms/](http://www.christiansuper.com.au/pds-guides-forms/)



## 6. Member declaration

### I declare that:


1. The details on this form are true and correct.
2. I have received and read Christian Super's Product Disclosure Statement.
3. I acknowledge that I have access to Christian Super's Privacy Policy and understand that my personal information will be handled to provide and manage my superannuation.
4. I consent to Christian Super using my TFN to access the ATO SuperMatch system.

I hereby apply to become a member of Christian Super.

Your signature

Date

## 7. Employer only section

 Please only fill in if you are an employer.

### About the employee:

Employment start date:

The employee was at work on this day:  Yes  No

### Employer authorisation:

Employer name

Do you use Christian Super as your default fund:  Yes  No

Employer number (if applicable)

Name

Your signature

Date

### Return this completed form to Christian Super

✉ Locked Bag 5073 Parramatta NSW 2124

@ members@christiansuper.com.au

### For more information contact

☎ 1300 360 907

🌐 www.christiansuper.com.au