

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. jeweller, computer technician, shop assistant, waiter, nurse, bus driver)
- Group 4 (e.g. cleaner, gardener, mechanic, storeman)

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 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.

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

Please note: Your account will be set up with the fund's default investment option (MyEthicalSuper).

You can choose other options by filling in an Investment Choice form. You can get it from our website or contact our member care team.

5. Your Preferred Beneficiaries

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 **100%**

 You can also make a **Binding Beneficiaries Nomination** that requires the Trustee to pay your death benefit to one or more dependants specified by you – contact our Member Care Centre or go to www.christiansuper.com.au for a form.

6. Member Declaration

I Declare that: (Please tick the box that applies to you)

- The details on this form are true and correct.
- I have received and read Christian Super's Product Disclosure Statement.
- 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.
- 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:

Date of Employment

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 info contact

📞 1300 360 907

🌐 www.christiansuper.com.au