

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



**How did you hear about us?**

- Conference
- Family/Friends
- Employer
- Internet
- Radio
- Print Advertising

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.



# MEMBER APPLICATION FORM

Please write in blue or black pen.

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

If your employer is registered with Christian Super, please give the completed form to your employer, otherwise send 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

Phone [daytime]      Mobile

Email

**Postal Address (if different)**

Street Number/PO Box

Street Name

Suburb/Town

State      Postcode

## OCCUPATION GROUP

Select the Group that accurately reflects your occupation

**(Note: 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)

## 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



