

Sort your super in minutes with this one easy form.

Complete and return the form with the reply paid envelope provided, or you can go online at [intrust.com.au/member-access](http://intrust.com.au/member-access).

If you have any questions please call **132 467**, we are at your service.



  
**intrust  
super**  
**132 467**  
[intrust.com.au](http://intrust.com.au)

**Visit** Level 21, 10 Eagle Street,  
Brisbane QLD 4000

**Mail** GPO Box 1416,  
Brisbane QLD 4001

**Fax** 1800 603 234

**Email** [info@intrust.com.au](mailto:info@intrust.com.au)

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 **intrustsuper**  
*at your service*

**Core Super | MySuper**

APPLICATION FOR MEMBERSHIP

EFFECTIVE **13 AUGUST 2018**



# Core Super | MySuper

## Application for membership

For assistance & enquiries: **Ph 132 467**

Please send this completed form to: **Intrust Super, GPO Box 1416, Brisbane QLD 4001**



**Please write in BLOCK letters and use a BLUE or BLACK pen. This request will be invalid if unsigned or undated.**

### Section 1: Confirm your contact details – prevent your super becoming lost

The Australian Taxation Office [ATO] sets strict criteria that determine if an account should be reported as a “lost account” and transferred to the ATO. The criteria includes a lack of up to date contact details. The more details you provide us below, the less likely your account will become “lost”. Providing your Tax File Number [TFN] is not compulsory, but doing so together with your employer details not only helps prevent your account becoming lost, it also ensures you don't pay too much tax and enables us to help ensure your contributions are paid.

Mr/Mrs/Ms/Miss Surname

Given Names

Telephone [Home]

Mobile

Date of Birth [DDMMYYYY]

Gender [M/F]

Email

#### RESIDENTIAL ADDRESS

Unit/house number

Street Name

Suburb/Town

State

Post code

#### POSTAL ADDRESS [if different from above]

Unit/house/PO Box number

Street name

Suburb/Town

State

Post code

Tax file number [TFN]

Members will receive Fund communications electronically, including Annual Statements. If you wish to opt out of electronic communications please call 132 467.

**IMPORTANT:** If you don't provide your TFN, you may pay significantly more tax. Also Intrust Super will be unable to search for lost super on your behalf through SuperMatch, process any requests to transfer your super from other funds or accept any personal after tax contributions from you.

Employer's trading name [these details enable us to match you with your employer's contributions and monitor contributions to your account]

Employer's contact number

Date joined employer [DDMMYYYY]

Employer's Intrust Super employer number [if known]

#### Select BOTH options below to minimise the chances of your account becoming “lost”

- Yes** – to reduce the chances of becoming uncontactable, I permit Intrust Super to contact me electronically or otherwise, to send me superannuation related messages, confirm my details and inform me of other accounts they find on my behalf.
- Yes** – I authorise the use of my Tax File Number for the SuperMatch service to find my lost and other accounts.

## Section 2: Get all your super into the one account

If you have superannuation in other funds, you may be paying unnecessary fees and insurance premiums. Furthermore, having multiple accounts increases the chances that one or more of them may become "lost". Prevent unnecessary fees and reduce the chances of your accounts becoming lost by consolidating. Otherwise SKIP this section and go to Section 3.

We will contact all the funds below and request them to transfer your balance across to your Intrust Super account. Please be aware this will impact any insurance or other benefits you are entitled to from those funds, and that the other funds may charge an exit fee.

Fund 1 name	Fund 1 USI/SPIN
<input type="text"/>	<input type="text"/>
Membership number	Fund 1 ABN
<input type="text"/>	<input type="text"/>
<hr/>	
Fund 2 name	Fund 2 USI/SPIN
<input type="text"/>	<input type="text"/>
Membership number	Fund 2 ABN
<input type="text"/>	<input type="text"/>
<hr/>	
Fund 3 name	Fund 3 USI/SPIN
<input type="text"/>	<input type="text"/>
Membership number	Fund 3 ABN
<input type="text"/>	<input type="text"/>
<hr/>	
Fund 4 name	Fund 4 USI/SPIN
<input type="text"/>	<input type="text"/>
Membership number	Fund 4 ABN
<input type="text"/>	<input type="text"/>
<hr/>	
Fund 5 name	Fund 5 USI/SPIN
<input type="text"/>	<input type="text"/>
Membership number	Fund 5 ABN
<input type="text"/>	<input type="text"/>

### OFFICE USE ONLY

ISF code

## Section 3: Investment allocation

Please allocate my Core Super investment in the following proportions:

<input type="text"/>	% Stable
<input type="text"/>	% MySuper [default]
<input type="text"/>	% Growth
<input type="text"/>	% Cash
<input type="text"/>	% Bonds [fixed interest]
<input type="text"/>	% Property
<input type="text"/>	% Australian shares
<input type="text"/>	% International shares

**1 0 0 %**

### IMPORTANT:

1. If this section is left blank, 100% of your investment will go into the MySuper option.
2. Please use whole numbers in the boxes in this section, and please ensure that the total adds up to 100%.
3. Please read the Core Super | MySuper Other Information – Investments booklet that should be read in conjunction with the PDS and is available at [intrust.com](http://intrust.com).

## Section 4: Insurance

### Life & Total and Permanent Disablement Insurance

Eligible members by default receive two [2] units of combined Life & Total and Permanent Disablement [TPD] Insurance on first joining Intrust Super. If you want a different level of cover please indicate below:

- I would like 2 additional units of Life & TPD Insurance [4 units in total] [provided on a *Limited Cover* basis for 24 months].
- I ONLY want the automatic 2 units of Life Insurance. I DO NOT want any TPD insurance.
- I DO NOT want any Life & TPD insurance.
- I would like more than the two additional units of Life and TPD Insurance [i.e. more than 4 units] and will complete the Statement of Personal Health form so the insurer can assess my application. Statement of Personal Health form is located at [intrust.com.au](http://intrust.com.au)

**If you leave this section blank, you will be allocated the default level of two units of Life & TPD Insurance.**

### PayGuard [Income Protection] Insurance

Eligible members by default receive PayGuard [Income Protection] Insurance on first joining Intrust Super, with a waiting period of 21 days. If you would like a different waiting period [longer waiting periods involve cheaper premiums] or if you do not want PayGuard Insurance, please indicate below:

- I DO NOT require PayGuard [Income Protection] Insurance.
- I would like PayGuard Insurance with a 30 day waiting period.
- I would like PayGuard Insurance with a 45 day waiting period.
- I would like PayGuard Insurance with a 90 days waiting period.

**If you leave this section blank you will be allocated PayGuard insurance with the default 21 day waiting period.**

## Section 5: Nominating beneficiaries

### I'd like to nominate [please select ONE]:

- one or more Preferred Death Beneficiaries to receive my benefit as a lump sum – **complete 5a only** and then go straight to **Section 6**.
- one or more Binding Death Beneficiaries – **SKIP 5a and go straight to 5b**.

For more information regarding beneficiaries please visit [intrust.com.au](http://intrust.com.au)

### 5a. Preferred Death Beneficiaries

- IMPORTANT:**
1. Your Preferred Death Benefit nomination will be used by the Trustee as a guide only for the payment of your death benefit. The Trustee is in no way bound by this nomination when exercising its absolute discretion to pay the benefit.
  2. Please ensure your nominations are in whole numbers and add up to 100%.
  3. Please photocopy this page and attach further pages if necessary.

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

## 5b. Binding Death Notice to Trustee

### The importance of filling out this form correctly, and the purpose of this section

In order for this notice to be valid, this entire application form needs to be completed correctly. This section must be completed in full ensuring that nominee details and allocations are clear. This application form must be signed and dated by you and two witnesses.

If the notice is valid at the time of your death, then it will bind the Trustee to pay the person[s] you nominate below in the portions you specify below. If the nomination expires or is invalid at the time of your death, the Trustee will retain absolute discretion as to how to distribute your death benefit.

### Who can be nominated as a Beneficiary?

Each death benefit nominee must be a legal personal representative or a dependant, which includes a spouse, child or any other person with whom you have an interdependency relationship.

A spouse includes a person to whom you're married; a person [of either the same or different gender] to whom you're in a de facto relationship with or a person with whom you're in a relationship that has been registered under State or Territory Law.

A child includes your biological child, your legally adopted child, your step-child, your ex-nuptial child, a child of your spouse and any child of yours as defined in the Family Law Act 1975.

An interdependency relationship exists if there is a close personal relationship, the two persons live together, one or each of them provides the other with financial support and one or each of them provides the other with domestic support and personal care.

### This notice will expire – how to keep it current and/or revoke or amend this notice:

By law, this notice ceases to have effect three [3] years after the date it is first signed, last confirmed or last amended by you. You can confirm a Death Benefit Notice at any time by sending a notice in writing that is signed and dated. It must contain the same beneficiary details and allocations as any existing notice, and it does not need to be witnessed. You can amend or revoke a Death Benefit Notice at any time. An amendment or revocation notice must:

1. be in writing;
2. be signed and dated by you in the presence of two witnesses who are 18 years of age or older and who are not mentioned in the notice, and
3. contain a declaration signed and dated by the witnesses, stating that the notice was signed by you in their presence.

### Visit [intrust.com.au](http://intrust.com.au) or call 132 467 for more information regarding Binding Death Notices.

- IMPORTANT:**
1. Please ensure your nominations are in whole numbers and add up to 100%.
  2. Please photocopy this page and attach further pages if necessary.

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

---

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

---

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

---

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

---

Beneficiary name:

Relationship to you: [eg wife, son]

Portion of benefit:

%

## Section 6: Declarations and signature

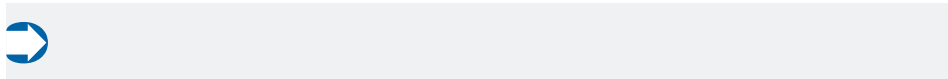
I apply to become a member of Intrust Super. If accepted as a member, I agree to be bound by the Trust Deed that governs the Fund. I consent to the collection and disclosure of information about me for the purposes of administering my account. This may involve the disclosure of my information to parties who have been contracted to provide services to Intrust Super.

### I declare that:

- All of my supplied details are correct.
- I understand that transferring my super from an Intrust Super account or any other non-Intrust Super account may result in the cessation of any insurance I may have with those accounts and I am comfortable with my investment and insurance choices in this regard.
- I have received, read and understood the Intrust Super Core Super | MySuper Product Disclosure Statement; and all the information I reasonably require to make an informed decision about my investment options, about making a Binding Death Benefit Notice and how to complete this form.
- I understand Intrust Super's Privacy Policy, Financial Services Guide and Product Disclosure Statements are all available at [intrust.com.au](http://intrust.com.au) if I require any further information.
- I understand that any information provided by Intrust Super is of a general or factual nature only and does not take into account my personal investment objectives, financial situation or needs.
- I acknowledge that Intrust Super has recommended I seek professional financial advice before making an investment decision.
- I understand and accept that investments carry risk, returns can be positive or negative and that there is no fee to switch my investment options as detailed in the Product Disclosure Statement.
- It is my intention that the Trustee acts on my instructions contained in this form as soon as practicable and that these instructions will supersede any and all previous instructions.
- It is my responsibility to ensure that my investment instructions have been processed and invested in accordance with my instruction. If this does not occur, I must notify Intrust Super of any failure to action my request or of any error in processing my investment switch instructions. If I fail to notify Intrust Super within one month of submitting this form, I waive my right to a later complaint. Neither Intrust Super nor the Administrator will accept any liability for failure to comply to this condition.
- Neither the Trustee nor its Administrator accepts any liability for any loss, howsoever incurred as a result of acting upon my instructions in this form.
- In the event I have made a Binding Death Notice in Section 5b of this form I declare that:
  - I have signed and dated this form in the presence of two [2] witnesses aged 18 years of age or older, neither of whom is a nominee.
  - Each nominee is a legal personal representative or dependant of mine.
  - I understand that the Binding Death Notice will expire three [3] years after the date I first sign this form, last confirm or last amend my nominations.

Applicant name

Applicant signature



Date [DDMMYYYY]

## Section 7: Declarations and signatures of witnesses

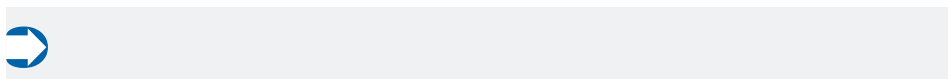
[if you have made a Binding Death Notice only]

### I declare that:

- All of my supplied details are correct.
- I have received, read and understood all the information I reasonably require to witness the Binding Death Benefit Notice in this application.
- I am 18 years of age or older.
- The Binding Death Notice in this application was completed by the Applicant above [section 6].
- This form including the Binding Death Notice in Section 5b was signed by the Applicant above in my presence.
- I am not nominated as a beneficiary in the Binding Death Notice in Section 5b of this form.

Witness 1 name

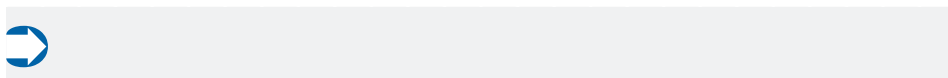
Witness 1 signature



Date [DDMMYYYY]

Witness 2 name

Witness 2 signature



Date [DDMMYYYY]