

Member application form



JOINING IS EASY!

There are two ways to join:

- Online.** Just go to caresuper.com.au and click Join now. While you're there, you can combine your other super accounts online. You'll get your account details within a few minutes.
- Complete this form** in blue or black pen using BLOCK LETTERS and tick where applicable. Then return it to the address on page 4. You'll receive your account details in your welcome letter.

1. CHOOSE YOUR PLAN

Is your employer paying your super or will you pay contributions into your own CareSuper account? Please select (✓).

- Employee Plan[#]:** My employer will pay superannuation guarantee payments for me
- I'd like to automatically receive default death and total and permanent disablement (TPD) cover (subject to eligibility and conditions) and understand that the insurance fees will be paid from my super account
 - I don't want default cover. Please cancel my:
 - Death and TPD cover
 - TPD cover and keep my death cover
 - Death cover and keep my TPD cover only

OR

- Personal Plan**
- I'm responsible for contributions to my own super
 - I understand that I will **not** automatically receive insurance cover and will have to apply for it if required
 - I'll open my account with minimum amount of \$1500 via:
 - Cheque (attached) Transfer from other super fund
- \$ _____ \$ _____
Cheque/contribution amount Transfer amount
- _____
Cheque number



NEW MEMBER OPTIONS

When you join CareSuper through an employer, you're automatically eligible for default death and TPD insurance cover – or you can opt out of it.

Under the New Member Options, Employee Plan members under age 60 have 90 days from the date on their welcome letter or email to apply for increased insurance cover by answering a few health questions. You can also apply to increase your cover after 90 days (or for more than the New Member Option provides), but you will need to meet additional requirements. See the **Insurance Guide** for more information.

For more information on insurance see the **Member Guide PDS** and **Insurance Guide** at caresuper.com.au/pds.

2. YOUR PERSONAL DETAILS

Surname _____ Title _____

Given names _____

_____/_____/_____
Date of birth (DD/MM/YYYY)

Gender Male Female A gender not listed here

Residential address (required) _____

Suburb _____

State/territory _____

Postcode _____

Mobile _____

Daytime telephone _____

Email _____

Have you previously been a member of CareSuper or has your employer already enrolled you in CareSuper? Yes No

If yes, write your member account number here (if known) _____


5. CHOOSE HOW YOUR SUPER IS INVESTED

You can invest your super in a range of different options, including a Direct Investment option for eligible members that lets you invest in the companies in the S&P/ASX 300 Index. You can also make an investment choice in your MemberOnline account. You can register for MemberOnline at caresuper.com.au/register as soon as you have your account details. If you don't make a choice your super will be invested in the default investment option which is the Balanced (MySuper) option.

Please fill out the percentage you would like applied to future contributions.

Managed options	Your investment choice	Example only
Capital Guaranteed	_____ %	%
Capital Stable	_____ %	%
Conservative Balanced	_____ %	60%
Balanced (MySuper)	_____ %	%
Sustainable Balanced	_____ %	%
Alternative Growth	_____ %	%
Growth	_____ %	%
Asset Class options		
Cash*	_____ %	%
Fixed Interest	_____ %	20%
Direct Property	_____ %	20%
Australian Shares	_____ %	%
Overseas Shares	_____ %	%
Total (must equal 100%):	100%	100%

* This option was previously known as 'Capital Secure'. Only the name has changed – its objectives and features remain the same.

 Take care that your investment choices add up to 100%, or your selection will not be valid. The example column illustrates how to complete this section. What you choose is up to you.

6. PRIVACY AND AUTHORISATION

- I'm applying to become a member of CareSuper and agree to be bound by the provisions of the Trust Deed as amended from time to time.
- I confirm that I have obtained, read and understood the latest **Member Guide PDS** and incorporated information, available at **caresuper.com.au/pds**, as at the date of completing this application.
- I confirm that the information on this application is true and correct to the best of my knowledge.

PRIVACY

CareSuper collects your personal information in accordance with our Privacy Policy. If you choose not to provide your personal information we may not be able to process your member application or administer your account.

- I confirm that I have read CareSuper's Privacy Policy available at **caresuper.com.au/privacypolicy**. I understand how CareSuper intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified.
 - I understand and consent to the collection, disclosure and use of my personal information by the Trustee to establish and administer my superannuation account.
- I authorise CareSuper to use or disclose the ID information provided to electronically match identity details against government records, or other identification sources. The identity match process may involve the use of the Australian Government's Document Verification Service and our third-party identity match provider. CareSuper reserves the right to request additional ID information if required.

COMMUNICATION

I acknowledge that the Trustee – as permitted by law – may send me member communications such as annual reports, member and exit statements, notices of material changes or significant events and other member publications by:

- Sending it to me by email or a link to a website for download where I or my employer or other associates have provided my email address on my behalf
 - Sending me an SMS where I have provided a mobile phone number.
- I wish to opt out of receiving member communications by email or SMS and prefer to receive written communication by post only.

From time to time, CareSuper may send you marketing or research material.

- I wish to opt out of receiving marketing or research material.

I understand that I can change my communications preferences at any time by logging in to MemberOnline or calling **1300 360 149** once I have joined.

Full name

Signature

____/____/____

Date (DD/MM/YYYY)



YOU MUST SIGN AND DATE THIS FORM

The form won't be valid if you don't sign it.

ONCE YOU'RE DONE

Return this completed form to:

CareSuper
Locked Bag 20019
Melbourne VIC 3001

For more information call **1300 360 149**