

Member application form



JOINING IS EASY!

There are two ways to join:

- 1. 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.
- 2. 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 contributions for me.
 - I'd like to receive standard death and total and permanent disablement (TPD) cover (subject to receiving a mandated employer contribution) prior to meeting age and balance requirements.[^]
 - I don't want standard cover.

By law, if you don't make an insurance selection above, you'll receive standard death and TPD cover when you meet the age and account balance requirements,[^] as long as you've received a mandated employer contribution.

[^]Standard insurance cover eligibility

You will normally become eligible to receive standard cover when you receive a mandated employer contribution and:

- Your account balance has reached at least \$6,000
- You are age 25 or older, and
- Your account is active.

Additional criteria also apply. See the **Insurance Guide** for more information. Fees will be deducted from your superannuation account and you can cancel your cover at any time.

OR

Personal Plan

- I'm responsible for contributions to my own super
- I understand that I can apply for insurance cover 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

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) _____



NEW MEMBER OPTIONS

Under the New Member Options, Employee Plan members under age 60 have 90 days from the date they join CareSuper to apply for increased insurance cover or add income protection cover by answering a few health questions. You can also apply to tailor your cover after 90 days, but you'll need to meet additional requirements. See the **Insurance Guide** for more information.


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.

By making an investment choice I confirm:

- I have obtained, read and understood the current Product Disclosure Statement (PDS). I understand CareSuper can provide me with general information but cannot give me investment advice, and that the PDS is only a general guide and not a substitute for professional investment advice
- I understand that if I make an investment choice and switch all or part of my account to a different investment option(s), the benefits, features and services available through my CareSuper account do not change
- I understand CareSuper is not responsible for my choice of investment strategy, and that investment returns are based on actual earnings of the investment option(s) I have chosen and that for some options returns can be positive or negative
- I am aware that CareSuper's legal obligations regarding how the MySuper (Balance) option is managed are different to those for the Fund's other investments. The superannuation laws specific to this option are intended to ensure the Trustee has a greater responsibility for members who do not make an investment choice.

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.



Member's signature

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

Full name



YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it. (We cannot accept digital signatures.)

ONCE YOU'RE DONE

Return this completed form and any supporting documents by:

1. Attaching and submitting it online at: **caresuper.com.au/getintouch**
2. Posting it to:
**CareSuper
Locked Bag 20019
Melbourne VIC 3001**

For more information call **1300 360 149**