

# Forms pack

## COMPLETE THE ENCLOSED FORMS TO JOIN CARESUPER

### 1 MEMBER APPLICATION FORM

To become a member of CareSuper

### 2 CHOICE OF FUND FORM

To choose CareSuper as your fund, give this form to your employer

### 3 CONTRIBUTION FORM

To make a one-off payment to your CareSuper account by cheque



Don't forget to read the instructions before completing each form and use a black or blue pen.

## OR SKIP THE PAPERWORK AND JOIN ONLINE – IT'S EASY!

To join CareSuper simply go to **[caresuper.com.au/join](https://caresuper.com.au/join)**. While you're there you can transfer your super online and make an investment choice.

### APPLY FOR INSURANCE

Apply for — or increase — your level of cover online. Go to the Insurance section of MemberOnline via **[caresuper.com.au/login](https://caresuper.com.au/login)**. Or download the **Insurance application** form from **[caresuper.com.au/forms](https://caresuper.com.au/forms)**.

### TRANSFER YOUR INSURANCE

You can apply to transfer insurance cover that you have outside of CareSuper by completing the **Transfer your insurance** form available at **[caresuper.com.au/forms](https://caresuper.com.au/forms)**.

# I'm choosing CareSuper

Use this form to tell your employer to pay your super into your CareSuper account.

## MEMBER TO COMPLETE

Once you complete this section, give this form to your employer. Don't give it to us or the Australian Taxation Office (ATO).

## PERSONAL DETAILS

Surname

Given names

Member account number (if known)

Date of birth (DD/MM/YYYY)

Remember to give your employer your tax file number.

## YOUR APPROVAL

I authorise my employer to pay all my future super contributions into CareSuper.

X

Member's signature

Date (DD/MM/YYYY)

## COMPLIANCE STATEMENT

CareSuper is a complying resident regulated superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (SIS Act). CareSuper is a registrable superannuation entity and may be nominated as a default fund as it meets the minimum statutory insurance cover requirements.

The Trustee of the Fund is CARE Super Pty Ltd  
ABN 91 006 670 060  
AFSL 235226.



## YOU MUST PRINT AND THEN SIGN THIS FORM

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

## ONCE YOU'RE DONE

Hand this form to your payroll officer or HR. Don't give it to CareSuper or the Australian Taxation Office (ATO). Remember to keep a copy for your records.



## WE'RE HERE TO HELP

If you'd like more information or need assistance you can contact us.

1300 360 149

[caresuper.com.au/getintouch](https://caresuper.com.au/getintouch)


[caresuper.com.au](https://caresuper.com.au)

## INFORMATION FOR EMPLOYERS

Your employee has chosen to have their super paid into CareSuper. This form is an allowable alternative to an ATO Superannuation standard choice form. You must process this form within two months of receiving it. After two months, any super contributions for this employee must be paid into your employee's CareSuper account if:

- They're eligible for choice of fund, and
- They haven't nominated another choice of fund in the past 12 months, but you may still choose to accept their choice form.

Once you've accepted your employee's choice, record the date of your acceptance and keep it for your records. It doesn't need to be sent to the ATO, CareSuper or your default super fund.

 CareSuper accepts contributions via a SuperStream compliant payment method and doesn't accept payments directly made to the fund by EFT, direct debit or BPAY®.

## OUR DETAILS

**Fund name:** CareSuper

**Address:** Locked Bag 20019, Melbourne VIC 3001

**ABN:** 98 172 275 725

**Unique Superannuation Identifier (USI):** CAR0100AU



## EMPLOYERS TO COMPLETE THIS INFORMATION FOR YOUR RECORDS

Date you received this form (DD/MM/YYYY)

Date you acted on your employee's choice (DD/MM/YYYY)

# Member application form



## JOINING IS EASY!

There are two ways to join:

- Online.** Just go to [caresuper.com.au](https://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 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.

Your tax file number (TFN)

I agree to provide my tax file number for the purposes outlined in the **Member Guide PDS**.

My tax file number is: \_\_\_\_\_

To help us better understand your needs, please answer the following optional question.

What prompted you to join CareSuper?

- ☐ Employer
- ☐ Financial adviser
- ☐ Personal research
- ☐ Advertising
- ☐ Family/friend/colleague
- ☐ Other (please specify) \_\_\_\_\_

3. YOUR EMPLOYMENT DETAILS

My employer's company name \_\_\_\_\_

My employer's address \_\_\_\_\_

Suburb \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

My employer's telephone number \_\_\_\_\_ Date joined employer (DD/MM/YYYY) \_\_\_\_\_

My occupation \_\_\_\_\_

Nature of my employment:

- ☐ Full-time
- ☐ Part-time
- ☐ Casual

My employment is covered by:

- ☐ Award
- ☐ Workplace agreement
- ☐ Individual contract

CareSuper is:

- ☐ Nominated by my employer
- ☐ My chosen fund
- ☐ Both

4. NOMINATE YOUR NON-BINDING BENEFICIARIES

You can nominate who you'd prefer to receive your super benefit and any insurance in the event of your death. You can make a legally binding beneficiary nomination by leaving this section blank and completing the **Binding beneficiary nomination** form available from [caresuper.com.au/forms](https://caresuper.com.au/forms).

Alternatively, if you choose to fill in this section of this form, you need to know that the nomination isn't legally binding and although we'll consider who you choose, there's a chance your super and insurance benefit could end up going to someone other than your preferred nominee/s.

You can change this nomination or add more non-binding beneficiaries in MemberOnline or by calling **1300 360 149** at any time. You may nominate your Legal Personal Representative (executor of your will or administrator of your estate) as sole or part beneficiary.

| Full name of beneficiary | Date of Birth | Relationship | % of Benefit |
|--------------------------|---------------|--------------|--------------|
|                          |               |              |              |
|                          |               |              |              |
|                          |               |              |              |
|                          |               |              |              |
|                          |               |              |              |
|                          |               |              |              |
| Total (must equal 100%): |               |              | 100%         |

Providing your TFN to CareSuper isn't compulsory and not supplying it isn't an offence. However, if you don't tell us your TFN there could be tax or other consequences, as outlined in the **Member Guide PDS** at [caresuper.com.au/pds](https://caresuper.com.au/pds).



KEEP YOUR SUPER IN ONE PLACE

This form won't move any other super you have into your CareSuper account. Only new contributions will be paid to CareSuper.

Find out how to combine your super accounts. Visit [caresuper.com.au/combine](https://caresuper.com.au/combine).



DEPENDANTS

A beneficiary must be a dependant – your spouse or partner, your child, a person who is financially dependent on you or who lives with you and one or both provide(s) financial and domestic support and personal care of the other (i.e. is in an interdependent relationship with you). Go to [caresuper.com.au/beneficiaries](https://caresuper.com.au/beneficiaries) for more information.

Please note that the percentage column must total 100%.


## 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](https://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                          | _____ %                | %            |
| <b>Asset Class options</b>      |                        |              |
| Cash*                           | _____ %                | %            |
| Fixed Interest                  | _____ %                | 20%          |
| Direct Property                 | _____ %                | 20%          |
| Australian Shares               | _____ %                | %            |
| Overseas Shares                 | _____ %                | %            |
| <b>Total (must equal 100%):</b> | <b>100%</b>            | <b>100%</b>  |

\* 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) and Target Market Determination (TMD). I understand CareSuper can provide me with general information but cannot give me investment advice, and that the PDS and TMD are only general guides and not substitutes 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](https://caresuper.com.au/pds) and the Target Market Determination for CareSuper Superannuation, available at [caresuper.com.au/supertmd](https://caresuper.com.au/supertmd), 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](https://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](https://caresuper.com.au/getintouch)**
2. Posting it to:  
**CareSuper  
Locked Bag 20019  
Melbourne VIC 3001**

For more information call **1300 360 149**

# Contribution form



## IMPORTANT

Use this form if you want to make personal contributions by cheque. Include your cheque when returning this completed form to us.

To make a BPAY® contribution call **1300 360 149** or log in to MemberOnline at [caresuper.com.au/login](https://caresuper.com.au/login) to find your Reference Number and Biller Code. Then make the payment from your bank account. Complete this form in blue or black pen using BLOCK LETTERS and tick ☒ where applicable.

## 1. YOUR PERSONAL DETAILS

|                                |  |                            |          |
|--------------------------------|--|----------------------------|----------|
| _____                          |  | ____/____/____             |          |
| Member account number          |  | Date of birth (DD/MM/YYYY) |          |
| _____                          |  | _____                      |          |
| Surname                        |  | Title                      |          |
| _____                          |  |                            |          |
| Given names                    |  |                            |          |
| _____                          |  |                            |          |
| Residential address (required) |  |                            |          |
| _____                          |  |                            |          |
| _____                          |  | _____                      | _____    |
| Suburb                         |  | State/territory            | Postcode |
| _____                          |  | _____                      |          |
| Mobile                         |  | Daytime telephone          |          |
| _____                          |  |                            |          |
| Email                          |  |                            |          |

For more information on claiming a tax deduction on your personal contributions, see page 2.

## 2. PAYMENT BY CHEQUE

☐ I've included my cheque as payment for a one-off contribution.

### CHEQUE DETAILS

|                                 |                            |
|---------------------------------|----------------------------|
| _____                           |                            |
| Bank name/financial institution |                            |
| _____                           | \$ _____                   |
| Cheque number                   | Contribution/cheque amount |

Please make your cheque payable to CareSuper and attach it to this form.

## 3. YOUR TAX FILE NUMBER (TFN)

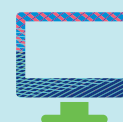
My tax file number is: \_\_\_\_\_ OR

☐ Tick (✓) if previously provided

Providing your TFN to CareSuper is not compulsory and not supplying it isn't an offence. However, if you don't tell us your TFN:

- You might pay more tax on your super contributions. Sometimes you may be able to claim this tax back, however time limits and other rules may apply.
- CareSuper is not able to accept contributions from you.
- You may pay more tax than you have to when you claim your superannuation benefits.
- It may be more difficult for CareSuper to locate or consolidate all your superannuation benefits.

To read our full TFN statement please go to [caresuper.com.au/tfncollectionstatement](https://caresuper.com.au/tfncollectionstatement).



### DID YOU KNOW?

You can tell us your TFN when you log in to MemberOnline at [caresuper.com.au/login](https://caresuper.com.au/login) or call **1300 360 149**.



#### 4. IMPORTANT INFORMATION

Cheques can take up to three working days to be allocated to your account (after we've received it together with your completed form).

Your eligibility to make certain types of contributions may depend on your total super balance. If you reach these limits, there'll be restrictions on the types and amounts of contributions you can make in the following financial year. More information is available at [caresuper.com.au/knowyourlimits](https://caresuper.com.au/knowyourlimits).

#### CLAIMING A TAX DEDUCTION

If you intend to claim a tax deduction on your contribution, you'll also need to complete a **Notice of intent** form available at [caresuper.com.au/noticeofintent](https://caresuper.com.au/noticeofintent) and return it to CareSuper before:

- Lodging your tax return for the year in which you've made the relevant contribution
- The end of the following financial year.

For more information on claiming a tax deduction, call **1300 360 149**.

You may not be able to submit a **Notice of intent** if you've made a withdrawal from your account. Contact us before you request a benefit payment or rollover.

**There's a limit (or cap) to the amount of contributions you can make without incurring additional tax. If you exceed the cap you may have to pay extra tax. Visit [ato.gov.au](https://ato.gov.au) to find out more.**

#### 5. AUTHORISATION

##### PRIVACY

In completing this form:

- I confirm I've read the CareSuper Privacy Policy at [caresuper.com.au/privacypolicy](https://caresuper.com.au/privacypolicy)
- I understand how CareSuper intends to handle my personal information and that my personal information will only be used for the purposes specified
- I consent to the collection and use of my personal information by the Trustee for the purpose of making contributions.

If you have any questions about your rights under the privacy legislation, please call **1300 360 149**.

##### DECLARATION

I declare that all the information supplied by me on this form is true and correct. I understand CareSuper can only accept contributions based on the employment status requirements outlined above.

X

Member's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Full name



Please keep a copy of this document for future reference.



#### YOU MUST PRINT AND THEN SIGN THIS FORM

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

#### ONCE YOU'RE DONE

Return this completed form and your cheque to:

**CareSuper**  
**Locked Bag 20019**  
**Melbourne VIC 3001**

For more information call **1300 360 149**.






**1300 360 149**



**[caresuper.com.au/getintouch](https://caresuper.com.au/getintouch)**



**[caresuper.com.au](https://caresuper.com.au)** has the latest news and information, brochures and forms.  
For online access to your CareSuper account go to **[caresuper.com.au/login](https://caresuper.com.au/login)**.



**CareSuper Locked Bag 20019 Melbourne VIC 3001**



**CARE Super Pty Ltd (Trustee)**  
ABN 91 006 670 060 AFSL 235226

**CARE Super (Fund)** ABN 98 172 275 725