

Member Application Form

ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

ARE YOU A CURRENT MEMBER OF QIEC SUPER?

YES NO

QIEC SUPER MEMBER NUMBER

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Note: if you have changed your name since first becoming a member please attach a Certified copy of your Marriage Certificate, Deed Poll or a Statutory Declaration as proof.

PERSONAL DETAILS

DATE OF BIRTH

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TITLE

<input type="checkbox"/>	MR	<input type="checkbox"/>	MS	<input type="checkbox"/>	MRS	<input type="checkbox"/>	MISS	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
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GENDER

FIRST NAME

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MIDDLE NAME

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FAMILY NAME

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OCCUPATION

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RESIDENTIAL ADDRESS

STREET NUMBER

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STREET NAME

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SUBURB/TOWN

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STATE

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POSTCODE

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POSTAL ADDRESS (If same as above, write "as above")

PO BOX

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SUBURB/TOWN

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STATE

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POSTCODE

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TAX FILE NUMBER (TFN)

I have read the information concerning Tax File Numbers (TFN) and understand a failure to provide my TFN will result in tax implications on my Concessional Contributions and the inability of the Fund to receive any Non-Concessional Contributions. I further understand the Fund will only use my TFN for the correct purposes.

MY TAX FILE NUMBER IS

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EMAIL AND PHONE DETAILS

EMAIL ADDRESS

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YOUR TELEPHONE NUMBER

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MOBILE NUMBER

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PERSONAL CONTRIBUTIONS AND TRANSFERS

Do you wish to make personal contributions? YES NO If so, we will forward you details on methods of payment.

I have money in other superannuation funds and wish to roll it over to QIEC Super YES NO If yes, please complete the *Member Rollover Authorisation* Form attached to this *PDS*.

PLEASE COMPLETE DETAILS ON NEXT PAGE

PAGE 1 OF FORM

Member Application Form



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INSURANCE

AUTOMATIC COVER

QIEC Super automatically provides you with one unit each of Death and TPD insurance and two units of Income Protection insurance, the cost of which is deducted from your account balance. You can increase your Death and TPD cover to two units without the need to supply further medical information if your application is received within 6 months of you first being eligible to join the Fund. If you require more than two units, QIEC Super will send you a personal statement to complete or you can download a copy from our website, www.qiec.com.au/members/forms.

REQUIRED COVER (including the automatic cover)

DEATH COVER

How many units of cover do you want?

No. of Units

TPD COVER

How many units of cover do you want? (Please note you cannot have more TPD than Death cover)

No. of Units

INCOME PROTECTION COVER

How many units of cover do you want? (You can request cover up to a maximum of \$10,000 per month)

No. of Units

Please note: If you elect more than 2 units of Death, TPD or Income Protection Cover, your application will need to be assessed and approved by the Fund's insurer.

WORK STATUS

Are you currently working and actively performing your normal duties? YES NO

NO INSURANCE COVER REQUIRED

Insurance is automatically provided. If you do not wish to have insurance cover you must advise QIEC Super **in writing separately** to this application. If you decide at a later date that you require insurance cover, you will need to provide information, be assessed and approved by the Fund's Insurer.

MEMBER INVESTMENT CHOICE

You are able to choose one investment option, or a mix of different options. Please nominate your chosen combination of investment options. Refer to the **How we invest your money** section of the *PDS* and the *Member investment choice and asset classes* Fact Sheet for further information.

You can change your nominated mix of investment options monthly at no cost. Switches are effective from the first day of the following month.

If you choose a mix of investment options, your nominated percentages must be in multiples of 5% and must total 100%.

For example:	Balanced Growth	40%
	Cash	25%
	Australian Equities	35%
	Total	100%

I understand that if I do not complete this section, my account balance will be invested in the default Balanced Growth option, unless I have previously selected otherwise.

Balanced Growth	_____	%
Conservative Growth	_____	%
High Growth	_____	%
Socially Responsible Investment	_____	%
Infrastructure	_____	%
Property	_____	%
Fixed Interest	_____	%
Cash	_____	%
Australian Equities	_____	%
International Equities	_____	%
Must be multiples of 5% and add up to TOTAL	100%	

USE OF INFORMATION AND DECLARATION

In signing this application (which was attached to the *Product Disclosure Statement*), I:

- acknowledge I have read and understood the terms of the *QIEC Super Product Disclosure Statement*:
 - including the sections on **How we invest your money** and **Insurance in your super**, and acknowledge it does not constitute personal advice and
 - accept that all conditions relating to member investment options, are subject to change from time to time at the discretion of the Trustee Board
- agree to be bound by the terms and conditions contained in the Trust Deed and *Product Disclosure Statement*
- declare I have obtained financial advice from a qualified advisor concerning my investment in QIEC Super, or have consciously decided not to obtain financial advice
- agree that QIEC Super may communicate to me from time to time via email
- declare that the information in this application form is true and correct to the best of my knowledge and belief
- acknowledge I have read the section on Privacy in the *Miscellaneous information Fact Sheet* and consent to the collection and use of my personal information for the purposes outlined.

If you do not agree to QIEC Super sending you information about third-party super products and services, please cross this box.

SIGNATURE

DATE

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RETURN COMPLETED FORM TO: QIEC Super PO Box 2130 Milton Qld 4064

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