

Spouse 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.

SPOUSE MEMBER DETAILS (Receiving Spouse)

DATE OF BIRTH

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TITLE

MR MS MRS MISS

GENDER

MALE FEMALE

FIRST NAME

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MIDDLE NAME

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FAMILY NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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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EMAIL AND PHONE DETAILS

EMAIL ADDRESS

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YOUR TELEPHONE NUMBER

(

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MOBILE NUMBER

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TAX FILE NUMBER (TFN) (Receiving Spouse)

1. I agree to provide my Tax File Number YES, My TFN is

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 or NO

2. I agree that my TFN can be provided to the Trustee of a new fund, if my benefit is transferred or rolled over. YES or NO

If this question is not answered your TFN will be passed onto the Trustee of the new fund, if required.

Before completing this section, you should read the section on TFNs in the QIEC Super Product Disclosure Statement (PDS).

You are not required to provide your TFN, however failure to provide your TFN will result in tax implications on your Concessional Contributions and the inability of the Fund to receive any Non-Concessional Contributions.

DETAILS OF THE CONTRIBUTING SPOUSE (THE PERSON MAKING THE CONTRIBUTION ON BEHALF OF THEIR SPOUSE)

Mr/Mrs/Ms/Miss

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SURNAME/FAMILY NAME

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DATE OF BIRTH

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GIVEN/FIRST NAMES

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QIEC SUPER MEMBER NUMBER

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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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PLEASE COMPLETE DETAILS ON NEXT PAGE

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PRIVACY

The purpose of collecting the information we have asked you for on this form is to provide superannuation benefits for you. This includes admitting you as a member, administering your account and identifying when you may become entitled to benefits.

If there is any dispute about your entitlement, QIEC Super may disclose information about you to advisers such as legal advisers.

By signing this form, you consent the disclosure of information about you for those purposes. If you do not provide the information required on this form, your membership rights will be restricted and QIEC Super may be unable to properly administer your benefits and notify you about your entitlements.

In addition, QIEC Super may provide you with information about benefits provided by third parties, such as home loans or other products and services that are available to you as a member. QIEC Super will not pass your personal information to any organisation for the purposes of direct mailing or marketing. If you do not want such information provided to you, simply contact QIEC Super.

MEMBER ONLINE

I wish to register for Member Online Please refer to page 7 of the QIEC Super PDS for more information.

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 Investment options section of the PDS and the Member Investment Choice and Asset Classes Fact Sheet for further information.

From 1 December 2009, you can change your nominated mix of investment options monthly at no cost. Switches are effective from the first day of the following month. (Switches received between 1 October 2009 and 30 November 2009 will be effective 1 December 2009. For more information, please refer to page 8 of the PDS).

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.

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%

Conservative Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Balanced Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
High Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Australian Equities	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
International Equities	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
SRI	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Infrastructure	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Fixed Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

**Must be whole numbers
and add up to TOTAL**

100%

USE OF INFORMATION AND DECLARATION

In signing this application, I:

- acknowledge I have read and understood the terms of the QIEC Super Product Disclosure Statement:
 - including the sections on Investment Choice and Insurance, and acknowledge it does not constitute personal advice;
 - and accept that all conditions relating to Member Investment Choice, including the cost of switching, 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;
- declare that the information in this application form is true and correct to the best of my knowledge and belief; and
- acknowledge I have read the section on Privacy and consent to the collection and use of my personal information for the purposes outlined.

SIGNATURE

DATE SIGNED

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HAVE YOU COMPLETED ALL SECTIONS?

RETURN COMPLETED FORM TO: QIEC SUPER PO BOX 2130 MILTON QLD 4064

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