

EISS Super

Application form

About this form

Use this form to apply to become a member of EISS Super.

We need you to fill out this form to let us know:

- your details
- your Tax File Number (TFN)
- which investment option/s you'd like your money invested in
- if you would like to opt-in to commence Default Cover before you meet automatic eligibility requirements
- if you would like to change your Default Cover
- if you would like to make a binding beneficiary nomination

After we have created your new EISS Super account you will receive your PIN in the mail, allowing you access to your secure online account via eisuper.com.au/login. Here, you can manage changes to your account and combine any other super accounts you may have.

We're here to help

If you need assistance completing this form, you can call us on **1300 369 901**, Monday to Friday from 8am to 8pm (AEST).

Please complete all sections of this form as applicable, sign and return the completed form to:

EISS Super, GPO Box 7039, Sydney NSW 2001.

This content is of a general nature only and has been prepared without taking account of your objectives, financial situation or needs. Before acting on this information or making an investment decision, you should consider your personal circumstances and read the relevant Product Disclosure Statement which is available at eisuper.com.au/pds or by contacting us on **1300 369 901**.

You should also consider obtaining financial, taxation and or legal advice which is tailored to your personal circumstances before making a decision.

Want to join online?

To join EISS Super online go to eisuper.com.au/join.

Step 1. Your personal details

Mr / Mrs / Ms / Miss / Other

Gender Male Female

Given name(s)

Surname

Date of birth / /

Postal address

Suburb

State

Postcode

Telephone

Mobile

Email

See the 'Sign the form' section of this application form for details of how we use your email address and mobile phone number.

Step 2. Employment details

I am an employee I am self-employed I am not employed

If employed, please provide your employer details below.

Your employers company name

Your employers address

Your employers Australian Business Number (ABN)

Date joined your employer

 / /

Will this employer pay super into your new account?

 Yes No

Step 3. Provide your Tax File Number (TFN)

Don't pay more tax than you have to – let us know your TFN.

Your TFN is confidential and you don't have to give it to EISS Super. However, you may pay more tax than you have to if you don't supply it.

My TFN is:

Note: EISS Super is required by law to ask for your TFN. By providing your TFN, you're allowing EISS Super to use it to:

- find or identify your super when there's no other way;
- work out any tax payable;
- pass your TFN to the Australian Tax Office (ATO) when you receive your super payout or have unclaimed super money after reaching pension age;
- pass your TFN to any other super fund or account to which your super is transferred in the future, unless you tell EISS Super in writing not to do so;
- report details of contributions to the ATO for working out whether any tax is applicable if contributions for you exceed certain limits; and
- where required by law, pass your TFN to other Government agencies.

If you don't provide your TFN, now or later:

- you may pay more tax on contributions made by your employer and certain other contributions made by or for you. In some circumstances, you may be able to claim this back, however time limits and other rules may apply;
- the Trustee will only be able to accept contributions made for you by your employer. No other contributions, for example, after-tax contributions, can be accepted;
- you may pay more tax on your super benefit than you would otherwise (although you can claim this back when you lodge your tax return); and
- it may be more difficult to find your super in the future if you change your address without notifying EISS Super or if you rollover any other super accounts you may have.

Note: The legal purposes for which EISS Super can use your TFN and the consequences for not quoting your TFN may change in the future.

Step 4. Funding your new account

Please indicate the initial funding source(s) for your EISS Super account:

Personal contribution \$

To make a personal contribution, you must satisfy one of the following criteria:

I am under age 67, or

I am over the age of 67 and under the age of 75 and in the current financial year have worked in paid employment for at least 40 hours in a period of 30 consecutive days.

Do you want to claim a tax deduction?

Yes No

If yes, please attach a completed 'Notice of intent to claim or vary a deduction for personal super contributions' form which is available at eisuper.com.au or ato.gov.au.

Spouse contribution \$

Transfer from a complying super fund \$

Super Guarantee (SG) (Please arrange through your Payroll Department).

Salary sacrifice contribution (Please arrange through your Payroll Department).

To make personal or spouse contributions by cheque, you need to complete a 'Making a Personal or Spouse Contribution' form. Once you are a member you can make these contributions by using your unique BPAY details which you can access by logging into your account at eisuper.com.au/login. You can transfer from another super fund by calling us on **1300 369 901** or by logging into your account at eisuper.com.au/login once your membership has started.

Step 5. Choose your investment option/s

Take control of how your super is invested

You can choose one investment option or any combination of the range of options available. Please complete the table below to make your investment choice. Please also ensure the total adds to 100% otherwise the default investment option will apply.

If you don't make a selection your super will be automatically invested into the default Balanced (MySuper) investment option.

	Percentage to be invested						
High Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Balanced (MySuper)	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Conservative Balanced	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Conservative	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	%
Total	1	0	0	.	0	0	%

Step 6. Choose your level of insurance cover

EISS Super provides units of Default Cover to eligible members* for Death and Total and Permanent Disablement (TPD) Cover as shown in the table below:

Age Next Birthday	Units of Default Cover
16-45	3
46-65	2

Default cover can automatically commence when you:

- have an EISS Super account balance of at least \$6,000;
- are aged 25 or over; and
- have received a contribution or rollover into your EISS Super account within the last 16 months.

Commence my Default Cover early

If you are not automatically eligible for Default Cover, you can choose to have Default Cover commence early by selecting the box below.

- I would like to opt-in early for Default Cover and understand my insurance will commence as soon as my account has sufficient funds to pay my premiums and will not be cancelled if my account becomes inactive^.

Increase my Default Cover

You can increase your Default Cover by one (1) unit within 120 days of your Default Cover commencing by selecting the box below. The additional unit of cover will be provided on the same basis as the other units of Default Cover provided to you.

- I would like to increase my Default Cover by one (1) additional unit.

Occupational Classification

You can apply to have your occupation classification considered as white-collar. If you meet the definition of white-collar as below and your application is approved by the trustee, you will receive a 20% premium discount on the standard rate.

Note: the definition of white collar is that your job involves no manual work e.g. you only perform clerical or administrative activities in an office based environment.

- Please tick this box and answer the questions below to apply to have your occupational classification for your Default Cover changed to white-collar.

Are the usual activities of your job 'white-collar' as per the definition above?

- Yes No*

Are you (as of the date of this application) capable of actively performing all of the duties of your usual occupation for 30 hours per week (even if your actual employment may be on a part-time or casual basis)?

- Yes No*

Name of your employer

What is your usual occupation?

*Answering 'No' will result in you being ineligible to change your occupational classification at this time.

Reduce my Default Cover

You can reduce your Default Cover at anytime. To reduce your Default Cover immediately please complete the section below.

Please note if you decide you want more insurance cover in the future you can apply for Voluntary Insurance Cover but you will need to be medically assessed and accepted by our Insurer.

I want to reduce my Default Cover to:

- three (3) units of Death and TPD
 two (2) units of Death and TPD
 one (1) unit of Death and TPD.

Step 6. Choose your level of insurance cover (continued)

Opt-out of Default Cover

If you don't want to receive Default Cover, you can choose to opt-out of this cover. To opt-out of Default Cover please complete the section below.

Please note if you decide you want more insurance cover in the future you can apply for Voluntary Insurance Cover but you will need to be medically assessed and accepted by our insurer.

I don't want Default Cover applied to my account

Voluntary Insurance Cover

You can also apply for cover separate to or in addition to Default Cover, including:

- lump sum Death Only benefit;
- lump sum TPD Only benefit;
- lump sum Death and TPD benefit; and
- Salary Continuance Insurance (SCI).

If you would like to apply, please complete the 'Members Personal Statement' available at eisuper.com.au/insurance.

Transfer your existing insurance policies

If you are under age 60, you can apply to transfer insurance from another super fund or an individual insurance policy to EISS Super, by completing the 'Insurance Transfer' form available at eisuper.com.au/insurance.

* Subject to meeting other eligibility criteria set out in the EISS Super Product Disclosure Statement and the 'Insurance in Your Super' document, available at eisuper.com.au/pds.

^If you are considered an inactive member, i.e. your account has not received a contribution or rollover for 16 months or more, then Default Cover will not commence automatically unless you have provided us with a valid opt-in or you are subsequently considered active.

Step 7. Make a binding beneficiary nomination

Complete this section to make a binding beneficiary nomination to your new EISS Super account and if you wish any existing EISS Super accounts. Remember your beneficiary/ies must be a dependent/s or Legal Personal Representative.

You must complete this section in full and sign and date it in the presence of **two (2) witnesses**, who must be at least 18 years of age and neither of them can be a nominated beneficiary within the declaration in this section. Each witness must also sign and date this declaration on the same day as you sign.

As your declaration in this section is for your binding beneficiary nomination only, please also remember to sign and date the application in Step 8.

Account Details

Please select how you want your binding beneficiary nomination to apply to your account(s). If a binding beneficiary nomination is made to an existing account, it will replace any existing nomination(s).

- This binding nomination is applicable to my new EISS Super account only
- This binding nomination is to apply to my new EISS Super account and my existing account(s) listed below:

Account Number

Account Number

Nomination Details

Note: if you are nominating more than four (4) beneficiaries, please make a copy of this page to add your additional nomination(s) and make sure you attach it to this form.

Name of Beneficiary

Relationship to you (please select one):

- Spouse Child Financial Dependant Interdependency Relationship Legal Personal Representative

Address

Suburb

State

Postcode

Date of birth / /

Proportion of payout %

Name of Beneficiary

Relationship to you (please select one):

- Spouse Child Financial Dependant Interdependency Relationship Legal Personal Representative

Address

Suburb

State

Postcode

Date of birth / /

Proportion of payout %

Step 7. Make a binding beneficiary nomination (continued)

Name of Beneficiary

Relationship to you (please select one):

Spouse Child Financial Dependant Interdependency Relationship Legal Personal Representative

Address

Suburb

State

Postcode

Date of birth / /

Proportion of payout %

Name of Beneficiary

Relationship to you (please select one):

Spouse Child Financial Dependant Interdependency Relationship Legal Personal Representative

Address

Suburb

State

Postcode

Date of birth / /

Proportion of payout %

Total of your nomination(s):

100.00 %

Please read this declaration and sign and date in the area below in the presence of two witnesses.

I understand that this binding beneficiary nomination will only be valid if:

- at the date of my death, each of the beneficiaries listed in this section are people I can nominate and is a dependent/s or Legal Personal Representative;
- I have provided all the details requested for each nominated beneficiary in Step 7;
- the total of my nominations equal 100%; and
- it is signed by me in the presence of two witnesses, who are 18 years of age or older, and who are not listed as beneficiaries in this section.

Step 7. Make a binding beneficiary nomination (continued)

I also understand that:

- this binding beneficiary nomination is only valid and effective for up to three (3) years from the date it is signed or last confirmed, and that it must be received by EISS Super before my death;
- my beneficiaries and I will be bound by the provisions of EISS Super's Trust Deed;
- I can amend or revoke this binding beneficiary nomination at any time by completing a new binding beneficiary nomination form and returning it to EISS Super;
- the binding beneficiary nomination binds the Trustee to distribute my benefit as I have specified, unless the binding beneficiary nomination is invalid or superannuation law requires otherwise. Where the nomination is invalid, I understand that the Trustee may exercise its own discretion in determining the beneficiaries of my death benefit under EISS Super's Trust Deed;
- EISS Super accepts no responsibility for either the correct nomination of beneficiaries or the completion of this binding beneficiary nomination;
- the information provided within this binding beneficiary nomination will be used by the Trustee to contact those nominated to determine whether they are still my dependants and/or Legal Personal Representative at the time of my death; and
- this binding beneficiary nomination revokes any prior binding or non-binding beneficiary nomination(s) I may have.

Member Signature

Date

Sign here

Witness Declaration

First Witness (insert full name)

I,

declare that the member signed this binding beneficiary nomination form in my presence, I am over 18 years of age and I am not listed as a beneficiary on this form.

Witness Signature

Date

Sign here

Second Witness (insert full name)

I,

declare that the member signed this binding beneficiary nomination form in my presence, I am over 18 years of age and I am not listed as a beneficiary on this form.

Witness Signature

Date

Sign here

Your privacy is important to us

We are required to comply with relevant privacy laws. The personal information that we collect is used to process your application, administer your account(s), provide you with services and conduct research about how to improve our services and products. Unless required or authorised by law, we will only provide your personal information to authorised service providers who use the information to administer the Fund and provide services on our behalf.

The EISS Super Privacy Policy is available to view at eisuper.com.au/privacy or you can obtain a copy by contacting us on 1300 369 901.

Step 8. Sign the form

I confirm and acknowledge that:

- I have received all information I require in order to exercise the choices I have made;
- I have read and understood the Product Disclosure Statement (PDS) and agree to be bound by it;
- I will be bound by the provisions of the trust deed and rules which govern the operation of EISS Super;
- I understand that the investment choice I have indicated will apply to my account balance and future contributions until further notice by me;
- any increase or decrease to Default Cover is subject to the date this form is received by the trustee
- default cover will not be cancelled unless:
 - I have insufficient funds in my EISS Super account to cover my insurance premiums
 - I become ineligible to hold Default Cover; or
 - I request to cancel my Default Cover
- If I have applied for the white-collar occupational classification, I have completed this form truthfully and correctly to the best of my knowledge and understand that EISS Super and its Insurer will review the information on this form to assess if I'm eligible to change the occupational classification that applies to my Default Cover and may carry out appropriate checks to verify my answers;
- I accept that the illustrations of risk and return shown in the PDS are based on assumptions which may or may not be borne out in practice;
- I understand that investment returns are not guaranteed and can be positive or negative;
- if I need assistance in relation to my application, I should seek advice from a licensed financial planner;
- if I provided my email address and/or mobile phone number in this Application form, the Trustee may, at its discretion, use that email address or mobile phone number (as amended and notified to the Trustee from time to time):
 - to send me information concerning my super, including any annual reports, member and exit statements, notices of material changes or occurrence of significant events and other member communications or publications; and
 - for marketing and research purposes, including sending me information about other financial products or services offered by the trustee or any of its related parties (unless I have requested you not to do so by contacting us).
- the Trustee may provide any member communications (including any annual reports, member and exit statements, notices of material changes or occurrence of significant events and other member publications) and/or marketing and research material that are permitted by law to me by:
 - sending it to me by email (which may include a link to a website from where it can be downloaded) where I have provided my email address including any email address provided by any other person on my behalf including my employer; and /or
 - SMS (where we have a mobile phone number provided by you); and/or
 - making it available to me on a website from where it can be downloaded.
- I understand and consent to my information being collected, disclosed and used in the manner set out in this form.
- I understand that, under Australian Taxation Office regulations, I must keep a copy of this form for five (5) years from the date completed.

Step 8. Sign the form (continued)

Sign
here

Member Signature

Date

Please return your completed form to:

EISS Super
GPO Box 7039
Sydney NSW 2001