



WORKFLOW NUMBER

# Spouse Member Application

This request will be invalid if not signed and dated.

**IMPORTANT:**

1. Complete this application form ensuring authorisation from both you, your spouse and if applicable, your employer.
2. Attach a cheque, money order or payroll deduction instructions for at least \$500. All cheques should be payable to Australian Christian Superannuation.
3. Forward both the cheque and completed application form to ACSuper Administration at the address on the reverse of this form.

## CURRENT ACSUPER MEMBER DETAILS

COMPLETE ALL SECTIONS IN BLOCK LETTERS AND IN **BLACK** INK.

MR/MRS/MS/MISS/DR/OTHER  SURNAME

GIVEN NAMES

DATE OF BIRTH (DD/MM/YYYY)  CURRENT ACSUPER MEMBER NUMBER

SPOUSE DEFINITION REQUIREMENTS ARE MET (refer page 32 of the ACSuper PDS) YES  NO

## SPOUSE MEMBER DETAILS

MR/MRS/MS/MISS/DR/OTHER  SURNAME

GIVEN NAMES

STREET ADDRESS / PO BOX

SUBURB / TOWN / CITY  STATE  POSTCODE

EMAIL ADDRESS (OPTIONAL)  DATE OF BIRTH (DD/MM/YYYY)  CONTACT PHONE NUMBER

## CONTRIBUTIONS

I acknowledge that my initial contribution must be at least \$500 and subsequent lump sum contributions must be \$500 or more (this can be done in \$80 monthly instalments if authorised by payroll) in the first financial year to make the spouse membership account balance up to at least \$1,000. I wish to make member voluntary contributions and confirm that:

- I am an eligible spouse, and am under the age of 65; or  I am an eligible spouse, over 65 but less than 74 years, and have worked at least 40 hours in a period of not more than 30 consecutive days during this financial year.

## INVESTMENT CHOICE

You can choose how you want your super invested. ACSuper offers Standard Investment Options, as well as a Tailored Option. The Tailored Investment Option allows you to mix your investments across a number of sector specific funds. You should consider obtaining financial advice before making a decision especially if choosing the Tailored Option. If you do not complete this section, your benefit will be fully invested in the default Ethical Balanced Option. Your selection will be effective from the date your instructions reach ACSuper Administration. You may change your Investment Option at any time. Please invest my current superannuation account balance and pay my future contributions to the investment option indicated below:

100% Standard with following Portfolio allocation.

**OR**

100% Tailored with following sector specific allocation. (You may only choose this option if you have signed the Advice Declaration below):

<input type="text"/>	%
CONSERVATIVE	<input type="text"/>
MODERATE	<input type="text"/>
BALANCED	<input type="text"/>
ETHICAL BALANCED	<input type="text"/>
GROWTH	<input type="text"/>
ETHICAL GROWTH	<input type="text"/>
HIGH GROWTH SHARES	<input type="text"/>
<b>TOTAL</b>	<b>100%</b>

<input type="text"/>	%
CASH	<input type="text"/>
FIXED INTEREST	<input type="text"/>
PROPERTY	<input type="text"/>
AUSTRALIAN SHARES	<input type="text"/>
OVERSEAS SHARES	<input type="text"/>
ETHICAL SHARES	<input type="text"/>
ALTERNATIVE ASSETS (MAX 50%)	<input type="text"/>
<b>TOTAL</b>	<b>100%</b>

**Advice Declaration** (for members choosing the Tailored Option)  
I, the undersigned, confirm that ACSuper has recommended that I seek appropriate financial advice and I acknowledge the risk associated with the chosen investment mix.

SIGNATURE OF MEMBER

X

DATE (DD/MM/YYYY)

Contact Australian Christian Services Financial Planning on 1800 646 777 for assistance.

## INSURANCE AND ADMINISTRATION FEES

Spouse members are able to request to receive Death Only insurance cover, subject to underwriting, under ACSuper. All Fees charged are explained on page 26 of the PDS in the Spouse Membership section, under the heading "What is the Premium?". I acknowledge that I have read and have a full understanding of the insurance cover offered and the fees deducted by ACSuper.

## INSURANCE COVER

Do you wish to have insurance cover?

No

Yes  Please advise the number of units of cover you wish to apply for below.

I wish to apply for the following number of units of Death only cover:

If you have applied for insurance cover, a Personal Health Statement will be forwarded to you for completion.

**Important:** As a spouse member of ACSuper you are entitled on joining to request 1-20 units of Death Cover only (1 unit is = to \$50,000).

## PREFERRED BENEFICIARY DETAILS (In the event of death)

FULL NAME	ADDRESS	RELATIONSHIP (EG. SPOUSE, SON)	PERCENTAGE TO BE PAID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Under the terms of the trust document constituting the Fund, the benefit payable in the event of death will be paid at the absolute discretion of the Trustee of the Fund to such person or persons from amongst the beneficiaries as may be selected by the Trustees or to the legal representative(s) of the member.

The notification of preferred beneficiaries has no legal binding on the Trustee and does not in any way or restricts any authority, power or discretion vested in the Trustee to pay the benefit. The notification may be revoked at any time and will be cancelled automatically by any subsequent notification.

## TAX FILE NUMBER (TFN) DETAILS

Please read the Tax File Number section in the Product Disclosure Statement. We strongly recommend you provide your TFN as there are consequences if it is not provided.

Do you agree to provide your Tax File Number? No  Yes  My TFN is:

## PRIVACY

ACSuper collects your personal information to set up and run an ACSuper membership account in your name. If you choose not to give us your personal information we may not be able to provide you with all of ACSuper's benefits. We will only share your personal information with others where required, such as to an insurance company which provides you with insurance cover. You are able to gain access to your own personal information by asking for it. Full details of the ACSuper Privacy Policy are contained in the Product Disclosure Statement on page 29.

## JOINING ACSUPER

I hereby apply for membership of ACSuper and acknowledge and agree that:

- A) I will be bound by the Trust Deed and the Rules of the Fund.
- B) I confirm I am an eligible spouse as defined in the Member Product Disclosure Statement.
- C) I have received a copy of the Member Product Disclosure Statement which provides details of the Fund and entitlements, and a copy of the ACSuper Annual Report.
- D) I acknowledge that I have read and accept the terms of ACSuper Privacy Policy.

SIGNATURE OF MEMBER

X

DATE (DD/MM/YYYY)



Return this completed form to:  
Australian Christian Superannuation  
Customer Service Centre  
PO Box 3401, Albury NSW 2640