

Member Application

September 2018

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>
First given name									
Surname						Date of Birth			
Residential address									
Suburb/town					State		Postcode		
Email					Phone				

Tax File Number

Providing your Tax File Number is entirely voluntary. If you do not provide your Tax File Number, tax or surcharge amounts may be deducted from your benefits at a higher rate. By including your Tax File Number on this form and providing it to the Trustee, you are authorising the Trustee of the Plan to use your Tax File Number for the purposes contained in the Superannuation Industry (Supervision) Act 1993 and for the purpose of paying eligible termination payments, reporting contributions or unclaimed benefits to the Australian Taxation Office, or to assist with amalgamating your superannuation benefits.

I agree to provide my Tax File Number:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Tax file number	<input type="text"/>
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Investment Choice

I choose to have the contributions (and transfers) paid to the Plan on my behalf invested as follows:

Cash	<input type="text"/>	%
Capital Stable Fund	<input type="text"/>	%
Balanced Fund (MySuper)	<input type="text"/>	%
Growth Fund	<input type="text"/>	%
High Growth Fund	<input type="text"/>	%

Total 100%

Insurance

All members are provided with death and TPD cover of at least \$100,000 on a limited cover basis. If you are a member of an employer group your default death and TPD cover may be higher. Your level of cover will be confirmed on acceptance of your member application and disclosed on future member statements, and can also be confirmed by contacting us.

You can elect to opt-out of the default cover provided to you by completing the opt-out declaration below. Unless you opt-out of or cancel the default insurance cover, the cost of the cover will be deducted from your member account.

Opt-out of Default Insurance

<input type="checkbox"/>	I confirm that I wish to opt-out of the default insurance offered by the Plan and as a result I will not have any death and total and permanent disablement insurance cover in the Pitcher Retirement Plan
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Signature	<input type="text"/>	Date	<input type="text"/>
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Nomination of Beneficiary

Any benefit payable on death will be paid to your legal personal representative (estate) or to one or more of your Dependants (see below), in such proportions as the Trustee, in its absolute discretion, determines.

It is my wish that any benefit payable in the event of my death be paid to the following persons (If you wish to nominate your estate, please write "Legal Personal Representative" under Name of Beneficiary):

Full name of beneficiary	Date of birth	Relationship	Percentage of benefit
			%
			%
			%
			%

Dependant

Dependant means your spouse (including a person who, although not legally married to you, lives with you on a genuine domestic basis as your husband or wife), your widow or widower, your child, any person who, in the opinion of the Trustee, was financially dependent on you at the relevant date or any person with whom you have an interdependency relationship at the relevant date.

Declaration

I hereby apply to join the Pitcher Retirement Plan and agree to be bound by the Trust Deed governing the Plan as it is or may be by variation from time to time.

I have received the member information documents which summarise the benefit provisions of the Trust Deed, and I acknowledge that I have been informed of my rights and the rights of my dependants pursuant to the Trust Deed.

I understand that any nomination of a beneficiary I have made in this form to receive benefits on my death is not binding on the Plan Trustee.

I undertake to advise the Trustee of any change to my preferred beneficiaries.

I confirm that the Plan's Privacy Policy has been made available to me and I understand why the information on this form is being collected.

Signature	
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Date	
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Please return this form to your employer for completion.

EMPLOYER USE ONLY

Employer Name ('The Participating Employer')

Date Joined Employer / / Date Joined Plan / / Salary \$

Occupational Category

<input type="checkbox"/> Professional	<input type="checkbox"/> White Collar General	<input type="checkbox"/> Blue Collar Management
<input type="checkbox"/> Skilled Blue Collar	<input type="checkbox"/> Unskilled Blue Collar	

Employment Status

<input type="checkbox"/> Employee works at least 15 hours a week
<input type="checkbox"/> Employee works less than 15 hours a week

Employer Declaration

I certify that this employee was at work on the date of entry into the Plan, or absent for reasons other than ill health.

Name (<i>Authorised Officer</i>)	<input type="text"/>
Signed (<i>Authorised Officer</i>)	<input type="text"/>

Date / /

Please forward this completed form to:

Pitcher Retirement Plan
 GPO Box 5193
 MELBOURNE VIC 3001

Pitcher Retirement Plan Pty Ltd (ABN 77 092 941 574) as trustee for the Pitcher Retirement Plan (ABN 15 828 677 472) is registered with the Australian Prudential Regulation Authority. MySuper Authorisation 15828677472277.