

# NSW Electrical Superannuation Scheme

## Application for Membership



Please hand this form on completion to your pay office or forward to:  
**NESS Locked Bag 20 Parramatta NSW 2124**

Please complete all sections of this form, that are relevant to your application for membership, in **black** ink using **BLOCK** letters.

### Section 1: Applicant Details

Mr/Mrs/Ms/Miss	Surname	
Given Names		
Date of Birth (DD/MM/YYYY)	Sex	
Telephone (Home)	(Mobile)	
Email		
Street Number / PO Box	Street Name	
Suburb / Town	State	Postcode
Your Employer's Trading Name		
Date Commenced with Employer	Employer's Telephone	
<b>On what basis are you employed?</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual		
If you ticked "Casual" please insert the average number of hours a week that you work. You will only be eligible for TSC cover if you work at least 15 hours per week.		
<b>Please complete the following two questions if you are an Apprentice</b>		
Date Apprenticeship commenced (DD/MM/YY)	Date Apprenticeship due to be completed (DD/MM/YYYY)	

### Section 2: Tax File Number Notification (TFN)

Please read TFN disclosure on page 39 of this PDS

Tax File Number

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### Section 3: Transfer of Benefits

Would you like NESS to help you transfer your benefit(s) from your other superannuation fund(s)?

YES     NO    If you ticked "YES", please complete the authority form on page 54.

**Trustee:** New South Wales Electrical Superannuation Scheme Pty Ltd ABN 28 003 156 812 (RSE Licence No. L0000161) as trustee of the New South Wales Electrical Superannuation Scheme (RSE Registration No. R1000115) Australian Financial Services Licence No. 238945

**Freecall:** 1800 022 067    **Fax:** (02) 8837 5422    **Email:** nessadmin@aas.com.au    **Web:** www.nesssuper.com.au



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