Application for Membership Form for Employed Members



Please complete and return this form to: NESS Super, Locked Bag 20, Parramatta NSW 2124 Complete in pen using CAPITAL letters or type directly into this form and print it out. Use (x) to mark boxes. This request must be signed and dated.

Website: www.nesssuper.com.au
Email: nessadmin@nesssuper.com.au

Freecall: 1800 022 067

This form is for Employees who are in receipt of an Employer contribution who wish to join NESS Super. If you are joining NESS Super as a Self-Employed Member, please do not complete this form. **Self-Employed Members** – please complete an **Application for Membership Form for Self-Employed Members**.

1. Member details (Please comple	ete in full)														
Mr/Mrs/Ms/Miss Surname															
Given names															
Date of birth (ddmmyyyy)	Male/Female														
D D M M Y Y Y Y															
Telephone (daytime)	Mobile														
Email															
														Т	
Residential address Street number Street name															
Accel named															
Suburb/Town									(State		Р	ostco	de	
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Postal address (if different to resider	ntial address)														
20 Box	······														
Suburb/Town									(State		Р	ostco	de	
Suburb/Town										State		P	ostco	de	
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4. Tax File Number Notification (TFN)		
Please read the TFN section on page 6 of the current NESS Super PDS Tax File Number		
5. Transfer of benefits		
Combining all your super in one fund can reduce the fees you pay and make it easier to ma Would you like NESS Super to help you transfer your benefit(s) from your other superannuat If you marked "YES", please complete the Consolidate my Super into NESS Super Form	ion fund(s)?	ase select (x) Yes No
6. Preferred beneficiaries		
In case of death please nominate the person(s) to whom you wish your benefit to be paid. A de facto), child (including adopted or step children), financial dependant, interdependant, or your legal personal representative, you should enter "legal personal representative" in the re Name of beneficiary	legal personal representative (your es	
Relationship (e.g. Wife, Son)	Date of birth (ddmmyyyy) D D M M Y Y Y Y	Portion of Benefit (%)
Name of beneficiary		
Relationship (e.g. Wife, Son)	Date of birth (ddmmyyyy) D D M M Y Y Y Y	Portion of Benefit (%)
Name of beneficiary		
		D 11 (D 51)
Relationship (e.g. Wife, Son)	Date of birth (ddmmyyyy) D D M M Y Y Y Y	Portion of Benefit (%)
Must be whol	e numbers and add up to 100%	
Important Note: Your preferred beneficiary nominations do not bind NESS Super in an into consideration, NESS Super has absolute discretion in determining how to distribute your make the nominations binding on NESS Super, you should refer to the rules applicable to Bin your nominations binding on NESS Super, please complete a Binding Death Benefit Nominations. 7. Investment choices	r death benefit and to whom. If you ha nding Death Benefit Nominations. If yo	ve or would like to ou would like to make
Please refer to the current NESS Super PDS and the NESS Super -	Cash	%
Additional Information booklet available from www.nesssuper.com.au for more information about NESS Super's investment options before	Stable	%
making a selection. Your investment options can be mixed in unlimited combinations having		
regard to your personal investment objectives.	NESS MySuper	%
I acknowledge that if I do not make an investment choice or if my choices do not add up to 100%, my account will be invested in the	Property	%
default NESS MySuper option.	High Growth	%
	Australian Shares	%
	Overseas Shares	%
	Your total must add to 100%	1 0 0 %

Please turn over

8. Insurance choices

64

50%

If you join NESS Super and you satisfy the conditions for applying for default insurance cover, you will be covered for the following insurances when you either meet the Government requirements under *Putting Members Interest First (PMIF)*. To meet these requirements to receive insurance you must EITHER:

- (A) Be at least 25 years of age AND have an account balance of \$6,000 or more with NESS Super; OR
- **(B)** Complete the Application to Opt-In Early to receive insurance before you meet the requirements listed in (A) above:
- Total & Permanent Disablement (TPD) cover automatic cover
 if you become totally and permanently disabled prior to 65 years. It
 is 2 units of cover depending on your age. Premiums are based on
 a members age. Refer to the NESS Super Employed Division
 Insurance Guide for the table of premiums.
- Death (including Terminal illness) automatic cover if you die prior to 70 years. Premiums and cover is based on member's age.

• Income Protection — Provides partial replacement income if you're temporarily unable to work in your own occupation due to illness of injury, prior to 65 years. Up to 75% of your income payable to you PLUS up to a 10% payable as a contribution to your NESS Super account. Premiums are based on 1.76% of employer (SG) contributions received by NESS Super (industry only).

When reviewing your insurance options, you can:

- 1. Keep it: Keep the automatic default insurance cover that you receive.
- Change it: Apply to increase or fix your TPD & Death Cover. Retain or extend the default benefit period for Income Protection. Refer to the Change My Income Protection Insurance Details Form
 - Employed Division or the Change My Death and Total & Permanent Disablement Insurance Details Form;
- 3. Cancel it: You can opt out of insurance; however, you will not be able to claim for an event that occurs after your cover is cancelled. If you change your mind you can later opt back into insurance.

NESS Super Ins	urance options on joining – Income Prote	ction change request
Opt-in to Income F	Protection	
	to opt in , to Income Protection with NESS Super as ums of 1.76% of SG contributions.)	a new member. Default Insurance (30 Days Waiting Period & 104 Week Benefit
-	making this election I am making an election to optirst. I understand that I may cancel this insurance at	in for automatic insurance in accordance with 'Protecting your Super' and 'Putting any time.
I wish to apply for a	change in my Income Protection insurance cover as	follows:
I do not wish to have Income Protection insurance and am choosing to opt out of this product Retain Default Benefit Period 2 years (104 weeks)		Extend Benefit Period 5 years (260 weeks) With a 30 day waiting period. Premium will increase to
		2.816% of SG contributions.
Increase to 60 day waiting period. Premium will decrease to 1.584% of SG contributions.		Increase to 60 day waiting period. Premium will increase to 2.535% of SG contributions.
	00 day waiting period. Premium will decrease to G contributions.	Increase to 90 day waiting period. Premium will increase to 2.141% of SG contributions.
I request the change Write down the total will replace the cover apply for.		r you need. If your application to change insurance on this Form is approved, it uper – Employed Division Insurance Guide to see how much cover you can
OR		
I'd like the following	fixed amount of cover (Please enter whole dollar a	mounts):
Death \$ (up to \$5,000,000)	0 0 TPD \$ (up to \$3,000,00	0 0
Note: If you are reque	esting an increase in cover, you will be required to	complete a Personal Statement and submit it with this Form.
The Personal Statem	ent is available on the NESS Super website.	
Any TPD cover held a	as fixed cover will automatically reduce from the In	sured Person's 61st birthday as set out in the table below:
Age last birthday	TPD Tapering factor (as a % of the insured	cover for TPD)
Up to 60	100%	
61 62	80% 75%	
63	67%	

8. Insurance choices Continued

Easy upgrade for specific life events

NESS Super also offers an easy upgrade of one unit of cover for specific Life events, such as buying a house, getting married or having a child without having to provide medical evidence (conditions apply). You can also apply for an additional 2 units of Death & TPD cover within a limited period of joining NESS Super without having to provide medical evidence (conditions apply). Refer to the NESS Super - Employed Division Insurance Guide for applying for more or new cover – Life events for more details.

9. Declaration

I hereby apply to become a member of NESS Super and agree to be bound by its Trust Deed and Rules. I have read the current NESS Super PDS and the NESS Super - Additional Information booklet and confirm that:

- 1. All statements and declarations given in writing by me in this application are true and correct.
- 2. I consent to NESS Super collecting and using my personal information to manage my superannuation and comply with relevant legislation.
- 3. I acknowledge that NESS Super may disclose my personal information to other parties including NESS Super's Insurer, professional advisors, government bodies, financial advisers and my employers.
- 4. I acknowledge that from time to time NESS Super will contact the Australian Taxation Office (ATO) or NESS Super's eligible rollover fund (ERF) in order to locate lost members' super. I authorise NESS Super to use my tax file number, name and date of birth to match my records with the information in the ATO's lost super members' registry or NESS Super's ERF and if a match is found, I authorise NESS Super to transfer the amount found to my NESS Super account. I understand that NESS Super will advise me of the details.
- 5. I am aware of the information on NESS Super insurances contained in the current NESS Super PDS and the NESS Super - Employed Division Insurance Guide including the terms and conditions of the insured benefits offered by NESS Super.

- 6. I have answered all questions correctly and acknowledge that my insurance benefit may be affected in the event of a claim, where my responses are later shown to be false or misleading. I acknowledge that the Insurer has the right to verify my answers in the application form.
- 7. I am aware of the general information on investments and my investment choices in relation to the NESS Super investment options contained in the current NESS Super PDS and the NESS Super -Additional Information booklet.
- 8. I am aware of NESS Super's recommendation to obtain financial advice when investing in a financial product such as NESS Super.
- 9. I acknowledge that if I do not make an investment choice or if my choices do not add up to 100%, my account will be invested in the default NESS MySuper investment option.

Privacy Statement

For further information the collection, use and disclosure of your personal information, refer to our Privacy Policy at www.nesssuper.com.au or call us on 1800 022 067.

Signature of applicant



Date	(dc	lmm	ıyy	yy)
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