

Did you know you can stay with AvSuper
even if you leave your Corporate employer?
And have your friends and family join with you?



Corporate member application accumulation section

Corporate members are those who are currently employed by an AvSuper Corporate employer (i.e. Airservices Australia or CASA). If you have not been enrolled into AvSuper's Corporate Division by a Corporate employer and are eligible to join the Corporate Division, you can complete this form, having read the Corporate Product Disclosure Statement and incorporated investment, fees and costs and insurance information, to open an **accumulation account** in AvSuper, and return it to your pay section. For help in completing this form, call AvSuper on 1300 128 751.

Personal details

Surname	Mr/Mrs/Ms/Miss	
<input type="text"/>		
Given names	<input type="text"/>	
<input type="text"/>		
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (daytime)	Mobile	
<input type="text"/>	<input type="text"/>	
Email	Date of birth	
<input type="text"/>	<input type="text"/>	

Contributions

You may contribute to your AvSuper **accumulation account** from your after-tax salary or, if your employer agrees, from your before-tax salary. Contributions may be varied throughout the year by completing a **Change of contributions** form. This form is available from www.avsuper.com.au or by calling 1300 128 751.

I would like to contribute \$ each fortnight from my before-tax salary **OR** after-tax salary

Investment choice

You can choose from nine professionally managed investment options (as described in the **AvSuper Investment guide**) for your retirement savings in your accumulation account. If you do not make a choice your money will be invested in the Growth (MySuper) option which is the default. Please complete the following table to make a choice:

Cash	<input type="text"/>	%
Conservative growth	<input type="text"/>	%
Stable growth	<input type="text"/>	%
Balanced growth	<input type="text"/>	%
Growth (MySuper) - default	<input type="text"/>	%
Diversified index	<input type="text"/>	%
High growth	<input type="text"/>	%
Australian Shares	<input type="text"/>	%
International Shares	<input type="text"/>	%
TOTAL	100	%

You can change your choice later via **AvSuper Online (AOL)** or sending us a completed **Nominate or switch investment options** form.

Tax file number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, AvSuper is authorised to collect, use and disclose your TFN. We may disclose your TFN to another super provider, when your benefits are being transferred, unless you request, in writing, that your TFN not be disclosed to any other super provider.

Declining to quote your TFN to AvSuper is not an offence. However giving your tax file number to us will have the following advantages:

- we will be able to accept all permitted types of contributions to your account/s;
- other than the tax that may ordinarily apply, you will not pay more tax than you need to for super contributions and payments when you start drawing down your super benefits; and
- it will make it much easier to find different super accounts in your name so that you receive all your superannuation benefits when you retire.

My Tax File Number is:

I consent to my TFN being used to search the ATO database for other super accounts I may have. Yes No

1300 128 751 avsinfo@avsuper.com.au www.avsuper.com.au

Nomination of beneficiaries

This information helps the Trustee decide who should receive the money payable from the Fund if you die while a member. The Trustee has the final say in how your death benefit is paid, but will take your nomination into consideration.

If you do not have any dependants*, your benefit will be paid to your legal personal representative. You can update your nomination at any time by completing a **Nomination of beneficiaries** form.

I nominate the following dependants* and/or legal personal representative to receive my benefit in the event of my death:

Name	Address	Relationship	%
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL			100%

* Dependants include your legal or defacto spouse, children (including stepchildren, ex-nuptial children and adopted children) and any other person with whom the Trustee considers you had an interdependency relationship at the time of your death.

We can only accept non-binding nominations as part of this application. If you want to make a legally binding nomination of beneficiaries, send us a witnessed complete Nomination of beneficiaries form (available from our website).

Insurance

If eligible (including being at least 25 years old and having a balance of at least \$6,000), you will receive AvSuper Corporate Cover for death, total and permanent disablement and temporary disablement.

☐ I elect to receive Corporate Cover even though I am under 25 years and/or have a balance under \$6,000, provided I am otherwise eligible for the insurance cover. I understand that insurance fees will be deducted from my account for this cover and that I have a **duty to take reasonable care** in providing correct information.

Corporate Cover may be limited cover only (ie. pre-existing illnesses or injuries are excluded) in certain circumstances. Please refer to the AvSuper Insurance guide for details of the amount and cost of Corporate Cover and other important terms and conditions relating to eligibility for and the commencement of cover, limitations, restrictions and exclusions.

You may apply for additional voluntary cover - please read a our **Corporate Product Disclosure Statement** and the **AvSuper Insurance guide** for details before applying online or completing the **Voluntary insurance** application.

Declaration

- I wish to join as a member of AvSuper's Corporate Division and understand I am bound by the Trust Deed and rules of the Fund and, in respect of any insurance cover, the detailed terms and conditions in the applicable insurance policies. I have read and received the Corporate Product Disclosure Statement and obtained and read the latest Investment Guide, Insurance Guide and fees and costs information at www.avsuper.com.au/pds.
- I have read and understand the general terms and conditions for Corporate Cover as described in the AvSuper Insurance Guide.
- I authorise my employer to deduct the above amounts from my pay as super contributions
- I understand that on ceasing employment with a Corporate employer my account balance in the Corporate Division will be transferred to an AvSuper Public Offer Division account in my name with effect from the date of ceasing that employment.
- I understand I do not have to leave AvSuper because I change employers and that if my super entitlements are moved into the Public Offer Division, different insurance fees apply for Death and TPD cover and any Corporate TID cover will cease.
- I understand that unless I make an investment choice, my money will be invested in the Growth (MySuper) option by default but I can change this at any time.
- I have read about and understood the objectives, risks and historical returns for each option I am choosing and/or the Growth (MySuper) option.
- I have read the AvSuper privacy notice (available from www.avsuper.com.au or by phoning 1300 128 751).
- I declare that the information I have provided in this form is true and correct.

Member's signature (If submitting this form via email, please type your name below.)

Date

Employer use only

ID/payroll number

Salary

Pay centre

Effective date of membership

Was this employee at work on the effective date of joining AvSuper? ☐ Yes ☐ No

What percentage of full time hours does this member work? 100% (full time) **OR** %

When did this employee start work

Employer's signature

Date