

## Public offer member application

Please complete this form if you would like to open an AvSuper account, having read the **AvSuper Public Offer Product Disclosure Statement** and incorporated investment, fees and costs and insurance information available at [www.avsuper.com.au/pds](http://www.avsuper.com.au/pds). For help in completing this form, call AvSuper on 1300 128 751.

**Please send your completed form to AvSuper Admin, Locked Bag 20127, Melbourne VIC 3001.**

AvSuper is merging with **Australian Retirement Trust (ART)** on 1 May 2024. If you join AvSuper before this date, your account balance will be transferred to ART on 1 May 2024. Read the important information about how your account will be impacted at [avsuper.com.au/significant-events/](http://avsuper.com.au/significant-events/)

### Personal details

Surname			Mr/Mrs/Ms/Miss	
Given names				
Address				
Suburb	State	Postcode		
Telephone (daytime)	Mobile			
Email				Date of birth

### Initial contributions

Please choose at least one contribution type for making a contribution to open your account. **If your employer is not making regular contributions for you, your initial contribution total must be at least \$1,200.**

<input type="checkbox"/>	Rollover \$		from	
<i>Note: you will need to arrange the rollover (using eRollover via AOL is easy) in addition to completing this form.</i>				
<input type="checkbox"/>	My employer will make regular contributions for me and I am including my employer details overleaf.			
<input type="checkbox"/>	Personal contribution \$		via BPAY or Direct Deposit (AvSuper Fund BSB 062-000 Account 1997 4688)	
<input type="checkbox"/>	Other \$		Type (e.g. contribution split)	

### Investment choice (future contributions allocation)

You can choose from nine professionally managed investment options (as described in the **AvSuper Investment Guide**) for your retirement savings. 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		%
Conservative growth		%
Stable growth		%
Balanced growth		%
Growth (MySuper) - default		%
Diversified index		%
High growth		%
Australian Shares		%
International Shares		%
<b>TOTAL</b>	<b>100</b>	<b>%</b>

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 drawdown payments; and
- it will make it much easier to find different super accounts in your name so that you receive all your superannuation 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

## Employer details (if getting employer contributions)

Business name	<input type="text"/>	ABN	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

## Insurance cover

AvSuper members can receive two units of non-compulsory Automatic Cover for Death and Total and Permanent Disablement (eligibility rules and terms & conditions apply); note it will be limited cover only (ie. pre-existing illnesses or injuries are excluded) in certain circumstances including if contributions are not received within a certain time and/or you are not in Active Employment (as defined in the insurance policy). Please refer to the **AvSuper Insurance Guide** or contact us for details including information about the amount and cost of two units of Automatic Cover, and important terms and conditions relating to eligibility for and the commencement of cover, limitations, restrictions and exclusions.

Provided I am otherwise eligible for AvSuper Automatic Cover, I elect to have the insurance cover, have associated insurances fees deducted from my account and meet my **duty to take reasonable care** in providing correct information

even though I am under 25 years and/or have a balance under \$6,000, and/or

even if my account becomes inactive (ie does not receive any contributions for 16 months).

If you have made or are eligible to make a TPD or terminal illness claim, you will not be eligible for Death and TPD Automatic Cover. Contact us if you are unsure of your eligibility otherwise you may be paying for insurance cover that you are ineligible for or the payment of insured benefits will be affected.

To take out more insurance cover please complete the **Voluntary insurance application**.

Note if you roll over any old super, you may also be eligible to roll over your existing insurance cover as well. Please contact us for further details.

## Nomination of beneficiaries

**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 and completed Nomination of beneficiaries form (available from our website).**

This information helps the Trustee decide who should receive the death benefit payable from AvSuper 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 via our **Nomination of Beneficiaries** form.

I nominate the following dependants\* or legal personal representative to receive my benefit if I die before withdrawing the money:

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"/>

\* 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.

**TOTAL 100%**

## Declaration

- I am applying to join AvSuper 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 received and read the **AvSuper Public Offer Product Disclosure Statement** and obtained and read the latest Investment Guide, Insurance Guide and fees and costs information at [www.avsuper.com.au/pds](http://www.avsuper.com.au/pds).
- I understand that unless I choose an investment option, my money will be invested in the Growth (MySuper) option by default but I can change this at any time.
- I have read and understood the objectives, risks and historical returns for each option I am choosing and/or the Growth (MySuper) option.
- I have read and understand the general terms and conditions for Automatic Cover as described in **AvSuper's Insurance Guide**. I understand that if I have claimed, or am eligible for, a Total and Permanent Disability (TPD) payment from other sources, I will not be eligible for a TPD payment under any TPD cover provided to me.
- I understand that I have a current and ongoing duty to take reasonable care to not misrepresent anything that may influence the insurer's decision about my cover.
- I have read the full **duty to take reasonable care** on AvSuper's website.
- I have read the **AvSuper privacy notice** (available from [www.avsuper.com.au](http://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.

Signature (If submitting this form via email, please type your name below.)

Date