

Spouse Application Form

Section 1 – Spouse Details

Mr Mrs Ms Miss

Spouse number

Given names Surname

Postal address Postcode

Residential address Postcode

Date of birth

Tax File number

I authorise MIESF to disclose my tax file number when required. I have read the information on tax file numbers in the Product Disclosure Statement and in the current Additional Member Information Booklet and understand that I have the choice of supplying my tax file number but that adverse consequences may apply if I do not. I further understand that the Trustee will only use my tax file number for the correct purposes.

Relationship to member

Section 2 – Sponsoring Member Details

Membership number

Given names Surname

Date of birth

Section 3 – Nomination of Dependants

In the event of the death of the spouse member, the account balance is payable at the Trustee's discretion, to one or more of the spouse member's dependants, or to the spouse member's Legal Personal Representative. You may nominate one or more dependants to whom you would prefer your benefit to be paid, alternatively you may wish to nominate your estate. Additional Death cover is not available.

A. I have no dependants and request the Trustee to pay the benefit to my estate OR

B. Full name of dependant	Relationship to member	Address	% of benefit
<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"/>

We confirm that our relationship falls within the guidelines as listed on page four of the Product Disclosure Statement and undertake to notify the Fund if our circumstances change.

I understand that my personal information will be handled by the Fund to provide and manage my superannuation and without this information the Fund may not be able to provide my superannuation benefits and choices. For this purpose my personal information may pass between the Fund and the Fund's professional advisers, insurers, government bodies, my employer and other parties as required, including the trustee of any other fund I may transfer to. I may access my information by contacting the Fund's Privacy Officer.

Spouse's signature Date

Member's signature Date



**MEAT INDUSTRY EMPLOYEES'
SUPERANNUATION FUND**