

Membership Application & Nomination of Dependants

Section 1 – Your Details

Mr Mrs Ms Miss

MIESF Membership number

Given names

Surname

Postal address

Postcode

Residential address

Postcode

Email

Phone number

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.

Employer name

Clock number

Date joined Employer

Section 2 – Nomination of Dependant Details

In the event of the death of a member, the benefit provided is payable at the Trustee's discretion, to one or more of the member's dependants, or where no dependant exists, to the 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.

A. I have no dependants and request the Trustee to pass 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"/>

This nomination cancels any previous nomination made by me, and I understand that it is only an indication of my current wishes and is not binding on the Trustee of MIESF.

Declaration and signature

Your signature below indicates you have read, understood and agree with the following statements:

- I understand that as a member of MIESF I am bound by the terms and conditions contained in the Trust Deed and Rules of the Fund. I understand that the Trust Deed and Rules prevail and can be inspected on request.
- I have obtained, read and understood the current Additional Member Information Booklet.
- 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.
- I understand that the Trustee does not guarantee my investment in the Fund or any particular rate of return.
- I agree that until I give clear and complete instructions to the Trustee, any benefit due to me upon leaving my employer will be dealt with in the manner described in the PDS and current Additional Member Information Booklet, or as otherwise allowed under Superannuation Law.
- The information provided on this application is correct to the best of my knowledge.
- I understand that the Trustee cannot provide me with advice and that if I require advice I should consult a licensed financial adviser.

Member's signature

Date



**MEAT INDUSTRY EMPLOYEES'
SUPERANNUATION FUND**

Member Investment Choice

1. Please complete this form to choose your investment options for your current account balance and your future contributions.
2. New members can make an investment choice effective from date of joining MIESF provided this fully completed form is received by the Fund within one month of the Fund receiving the first contribution. If this form is received later than that, the investment choice will apply from the next switch date. The switch dates are each 30 June and 31 December.
3. This form can be used to make an investment choice at any switch date. The fully completed form must be received by the Fund at least one week before the next switch date in order to take effect from that date.
4. If you switch investments at 31 December, investment earnings for the period 1 July to 31 December will be credited or debited at the relevant interim earnings rate(s).

Section 1 – Your Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	MIESF Membership number	<input type="text"/>
Given names				Surname	<input type="text"/>
Postal address				Postcode	<input type="text"/>
Residential address				Postcode	<input type="text"/>
Email				Phone number	<input type="text"/>
Date of birth					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 -Your Investment Choice Decision

Please invest my account balance and future contributions as follows:
(Use whole percentages e.g. 22%, 78%, etc.)

High Growth Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
MIESF MySuper	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Total	<input type="text" value="100"/>			%

Declaration and signature

Your signature below indicates you have read, understood and agree with this document.

I also acknowledge that:

1. I have read and understood the information about investments in the current Product Disclosure Statement which is available at miesf.com.au/pds or on request; and
2. I have obtained, read and understood the information about investments in the current Additional Member Information Booklet; and
3. I understand that I should seek advice from a licensed financial adviser if I need advice before making an investment choice; and
4. I understand that the Trustee can change the investment vehicle for the High Growth Option at any time; and
5. I understand that if I do not make an investment choice by completing this form correctly, 100% of my account balance and future contributions will be invested in MIESF MySuper.

Member's signature	Date
<input type="text"/>	<input type="text"/>



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SUPERANNUATION FUND**