

Membership Application



**MEAT INDUSTRY EMPLOYEES'
SUPERANNUATION FUND**

Section 1 – Your Details

Mr Mrs Ms Miss

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 – Your Insurance Choice Decision

MIESF provides Death, Terminal Illness and Total and Permanent Disablement (TPD) insurance cover for eligible members.

The amount of Death and TPD cover that applies and the net of tax weekly cost to members is shown below. It is based on the eligible member's age as of the date of death or disablement.

Age at Date of Death or Disablement	Death Cover \$	TPD Cover \$	Weekly Cost \$
15 – 29	200,000	150,000	3.70
30 – 34	200,000	100,000	4.70
35 – 39	200,000	50,000	5.90
40 – 44	200,000	35,000	6.40
45 – 49	200,000	20,000	8.50
50 – 54	200,000	10,000	11.00
55 – 59	100,000	5,000	7.80
60 – 64	100,000	2,500	12.30
65 – 69	35,000	0	7.00

The Death and TPD cover is restricted to half of the amounts shown above until one year after the date the Fund received an eligible member's first employer contribution.

There are further cover restrictions explained in the current Insurance Booklet.

Continued overleaf

The Fund's insurance cover is designed to give financial assistance to you or your dependants in the event of your permanent disablement, terminal illness or death. Members can elect to reduce their level of cover and the cost if they believe that the cost of this cover inappropriately erodes their retirement benefits.

You can elect to reduce your insurance cover and the cost to 50% of the amounts shown on the previous page. For example, if you are age 25, you may wish to elect to have Death cover of only \$100,000 and TPD cover of \$75,000 and your weekly cost would be \$1.85.

You can also opt out of Death and TPD cover altogether, but you cannot opt out of one, but not the other. Once a member opts out of cover, the member will become ineligible for cover in the Fund at any time.

YOU HAVE 3 OPTIONS, please write (x) next to the level of insurance cover you choose.

OPTION 1 100% of the amounts shown on the previous page

OR

OPTION 2 50% of the amounts shown the previous page

OR

OPTION 3 No insurance cover

If you elect to reduce your cover to 50% of the amounts shown on the previous page, you can increase it back to 100% of the amounts shown at a later time, subject to the cover restrictions explained on page 4 of the current Insurance Booklet.

Any change to your insurance cover will be made from the date the Fund receives this form.

Section 3 – 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 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"/>

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.

Section 4 – Your Investment Choice Decision

1. Please complete this Section 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. There is a separate Member Super Choices form which 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 with the earnings rate(s) applicable for that period.

Please invest my account balance and future contributions as follows:

High Growth Option	□	□	□	%
MIESF MySuper	□	□	□	%
Total	100			%

(Use whole percentages eg: 22%, 78%, etc.)

Declaration and signature

Your signature below indicates you have read, understood and agree with this document. I also acknowledge that:

- 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 the document is available at miesf.com.au/who-runs-fund/ or on request.
- I have read and understood the information in the current Product Disclosure Statement (including the Additional Member Information Booklet and Insurance Booklet) which is available at miesf.com.au/pds or on request.
- **I understand that by making an insurance choice by completing Section 2 of this form, MIESF will continue to provide insurance in accordance with Section 2 of this form, until I advise the Fund of a different insurance choice or reach age 70. I understand that if I have chosen to have insurance cover, that the insurance will continue even if:**
 - A. the Fund does not receive an amount on my behalf for a continuous period of 16 months; or**
 - B. my account balance with the Fund is less than \$6,000; or**
 - C. I am under the age of 25 years.**
- **I understand that if I do not make an investment choice by completing Section 4 of this form, 100% of my account balance and future contributions will be invested in MIESF MySuper.**
- I understand that the Trustee does not guarantee my investment in the Fund or any particular rate of return.
- 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 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 Product Disclosure Statement 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

D	D	M	M	Y	Y	Y	Y
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**MEAT INDUSTRY EMPLOYEES'
SUPERANNUATION FUND**

This document is issued by Meat Industry Employees' Superannuation Fund Pty Ltd (ABN 58 005 793 199) (AFSL 239953)
as Trustee of the Meat Industry Employees' Superannuation Fund (MIESF) (ABN 17 317 520 544)
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