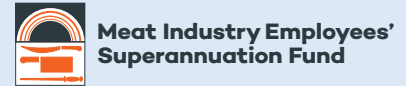


Member Super Choices



You can use this form to:

- update your personal details such as your address and contact details or advise your tax file number;
- change or confirm your insurance cover if you currently have insurance cover with the Fund;
- nominate your dependants for your death benefit; or
- change your investment choice.

Section 1 – Your Personal Details

Mr Mrs Ms Miss

Membership number

Given names

Surname

Previous Surname

Please provide a copy of Marriage Certificate or Deed Poll Certificate as proof of name change

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.

Section 2 – Your Insurance Choice Decision

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

The standard amount of Death and TPD cover that applies and the weekly cost to insured members is shown below. The amount of any insured death or TPD benefit that becomes payable is based on the eligible member's age at the date of death or the date of disablement (as applicable).

Age	Death Cover \$	TPD Cover \$	Weekly Cost \$
15 – 29	200,000	150,000	4.35
30 – 34	200,000	100,000	5.53
35 – 39	200,000	50,000	6.94
40 – 44	200,000	35,000	7.53
45 – 49	200,000	20,000	10.00
50 – 54	200,000	10,000	12.94
55 – 59	100,000	5,000	9.18
60 – 64	100,000	2,500	14.47
65 – 69	35,000	0	8.24

The insured portion of the Death and TPD benefit is restricted to half of the cover amounts shown above until one year after the date the Fund receives an eligible member's first Superannuation Guarantee contribution, however the weekly cost is not halved.

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 aged 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 \$2.18.

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.

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

YOU THEREFORE 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 on the previous page

OR

OPTION 3 No insurance cover

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

New members of MIESF are invested in MIESF MySuper which is the Fund's MySuper Authorised investment option.

1. Please complete this Section if you wish to change your investment options for your current account balance and your future contributions.
2. New members can make an investment choice effective from the 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 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 with the earnings rate(s) applicable for that period.

Please invest my account balance and future contributions as follows:

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"/>			%

(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 am an Australian citizen, New Zealand citizen, permanent resident of Australia or hold the requisite retirement visa.
- 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, or have not previously made an investment choice, 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 have read the Privacy Collection Statement below and I understand how the Trustee of MIESF will collect, hold and use my personal information..
- 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 form 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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Privacy Collection Statement

The Trustee of MIESF collects, holds and uses your personal information primarily to manage your super (i.e. to calculate, manage and pay your benefits, as well as to inform and educate you about your super). Without your personal information, we may not be able to deliver these services. Generally, we collect personal information from you directly but, from time to time, we collect information about you from other sources (e.g. from your employer or our insurer). Sometimes, we collect information about you because we are required or authorised by law to do so (e.g. Commonwealth anti-money laundering laws require us to collect certain information to verify your identity before we can pay you a benefit). From time to time, it might be necessary for us to disclose your personal information to external organisations which, typically, include our professional advisers, the Fund's insurer, certain government bodies (e.g. the ATO), external mail houses and other superannuation funds. Generally, we do not disclose your personal information to any overseas recipients. For full details about the ways in which we collect, hold and use your personal information, please read our Privacy Policy at miesf.com.au/privacy-policy/. Our Privacy Policy includes information about how you can access and seek correction of your personal information, as well as how you can make any complaint about our privacy practices.

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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)
MySuper Authorised 17317520544110