

## PARTICIPATING EMPLOYEE APPLICATION FORM

### MEMBER DETAILS

**Employer Number**                      **Payroll Number**                      **Membership Number**

EMPLOYER:

ADDRESS:

PHONE:

FAX:

EMAIL:

SURNAME:

GIVEN NAMES:

DATE OF BIRTH: ...../...../.....

SEX: MALE/FEMALE

DATE COMMENCED EMPLOYMENT: ...../...../..... EFFECTIVE DATE IN PLAN: ...../...../...../

Confirmation of Citizenship: CITIZEN NON- CITIZEN

Nationality

1. I, \_\_\_\_\_ of \_\_\_\_\_ hereby apply for membership of the above mentioned Fund which is administered in terms of Trust Deed dated the ...../...../.....

2. I have been advised of the benefits, which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer.

3. In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the abovementioned Trust Deed and I declare that I am not a Member of any other superannuation fund other than the following (please supply details of benefits payable):-

4. I hereby authorise my current Employer to deduct from my salary the amount of the contributions payable by me to the Fund pursuant to the abovementioned Trust Deed.

5. I hereby authorise to contribute in:-  
(Please tick one of the options below and sign to confirm)

(a) Cash in Australian Dollars (Au\$)  
Signed:

(b) Cash in PNG Kina (K)  
Signed:

### 6. NOMINATION OF BENEFICIARIES

I hereby nominate the following persons to receive the benefit payable by the Trustee of the Fund in the event of my death:-

Surname	Given Names	Relationship to Member	Date of Birth	Break-up %



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Signature of member: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_