



Application for Membership Accumulation Section

The Victorian Independent Schools Superannuation Fund

(ABN 37 024 873 660, RSE Registration Number R1000436, MySuper Authorisation 37024873660599)

Trustee: VIS Nominees Pty Ltd (ABN 11 006 586 367, AFS Licence Number 235097, RSE Licence Number L0000321)

GPO Box 4974, Melbourne VIC 3001 | Telephone: 1300 660 027

Email: super@vissf.com.au Website: www.vissf.com.au

The information in this Application for Membership forms part of the VISSF Accumulation Section Product Disclosure Statement (PDS) issued 31 January 2019, which should accompany this document. You should read and consider the important information about The Victorian Independent Schools Superannuation Fund (VISSF) before making a decision. Go to the PDS and other guides that can be accessed at www.vissf.com.au/pds-documents. The material relating to VISSF may change between the time you read the PDS and when you acquire the product.

Surname:	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Given name(s):	Date of birth: / /
Street address:	
Suburb:	Postcode:
Postal address:	
Suburb:	Postcode:
Email address:	Telephone:
Employer:	Occupation:
If working part-time, total number of hours per week from all employers participating in VISSF:	

INVESTMENT CHOICE

To make a choice, fill out the percentages of future contributions and other cash flows you wish to invest in each investment option. The percentages must be in whole numbers and add to 100%. If you do not make a selection, your selection is unclear or it does not add to 100%, your account will be invested 100% in the Balanced Option.

Investment option	Future contributions and cash flows	
All Growth		%
Balanced		%
Conservative		%
Cash		%
Total		100%

Tax File Number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, VISSF is authorised to collect, use and disclose your Tax File Number (TFN).

The Trustee of VISSF may disclose your TFN to another super provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed. Declining to quote your TFN to the Trustee of VISSF is not an offence. However, providing your TFN to VISSF will have the following advantages:

- VISSF will be able to accept all permitted types of contributions to your account/s;
- other than the tax that may ordinarily apply, you will not pay more tax than you need to. This affects both contributions to your super and benefit payments when you start drawing down your super benefits; and
- it is easier to find different super accounts in your name so that you will receive all your benefits when you retire.

<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"/>
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Please return completed form to:

VISSF, GPO Box 4974, Melbourne VIC 3001 or scan and email to super@vissf.com.au

Permanent Employees

You will be provided with Default Cover upon joining VISSF. You also have the option to increase your cover.

Increase my cover

I wish to increase the current value of my insurance cover to the levels indicated below:

Death Cover

Number of units

Fixed Cover \$.....

TPD Cover

Number of units

Fixed Cover \$.....

Income Protection Cover

Number of units

Fixed Cover \$.....

There are limits to the amount of TPD cover a member may have relative to Death cover. Changes to TPD cover are subject to a maximum of 2 times the amount of TPD cover compared to Death cover.

My current annual income is \$.....

My benefit period is 5 years 2 years to age 65

Income protection cover is provided subject to a maximum insured amount of 85% of income. Any applications for increases will be subject to disclosure of your current income.

Casual Employees

Default Cover is not available to casual employees, however, an option is provided to apply for up to 4 units of Death and TPD cover.

Increase my cover

I wish to apply for insurance cover to the levels indicated below:

Death and TPD Cover

Number of units (maximum of 4 units)

Authorisation

I agree to participate in VISSF and be bound by the provisions of its Trust Deed. I acknowledge that I have read and understood the PDS dated 31 January 2019 and agree to be bound by it.

Signature Date/...../.....

To be completed by the Employer

Date employment started/...../.....

Basis of employment:

- Full-time
 Part-time and the number of hours per week.....
 Casual

Month of first contribution: Date/...../.....

Authorised signatory:

Name:

Title: Date/...../.....

BINDING DEATH BENEFIT NOMINATION

Payment of a death benefit can give rise to complex financial planning issues. We recommend that you seek professional financial advice when considering your binding death benefit nomination.

You may nominate in writing a dependant or dependants and/or legal personal representative to whom you wish your benefit be paid in the event of your death. To be valid, the written nomination must be in a particular form.

Forms can be obtained from the VISSF website

www.vissf.com.au/forms-you-need

Who you can nominate

A Dependant is one of the following as at the date of your death:

- your Spouse, where Spouse of a person includes:
 - a) another person (whether of the same sex or a different sex) with whom the person is in a relationship that is registered under a law of a State or Territory prescribed for the purposes of section 2E of the Acts Interpretation Act 1901 as a kind of relationship prescribed for the purposes of that section; and
 - b) another person who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.
- your Child/ren of any age, where a Child in relation to a person includes:
 - a) an adopted child, a stepchild or an ex-nuptial child of the person;
 - b) a child of the person's Spouse; and
 - c) someone who is a child of a person within the meaning of the Family Law Act 1975.
- someone with whom you have an interdependency relationship. Legislation provides that two persons have an interdependency relationship if they satisfy all of the following: have a close personal relationship; live together; one or each of them provides the other with financial support; and one or each of them provides the other with domestic and personal care. However, if a close personal relationship exists but the other requirements for interdependency are not satisfied because of a physical, intellectual or psychiatric disability, then there is also an interdependency relationship; or
- any other person who is wholly or partially dependent on you for financial support.

Investment of pending death benefits

In the event of your death, your benefit in VISSF will remain invested in the same manner as it was just prior to your death. It will continue to receive the investment earnings (which may be positive or negative) of the relevant option until the day the benefit is paid from VISSF.

Witnessing

For a Nomination to be valid, you must ensure that the instructions on the Nomination form are followed, including the requirement to ensure that two people aged 18 or over who are not named in the Nomination sign and date the form as witnesses to your signature.

What to do if you have no dependants

If you do not have anyone that falls within the definition of Dependant, you can nominate your benefit to be paid to your legal personal representative and make provision for the distribution of the benefit in your Will.

Invalid Nomination

If you do not make a valid Nomination, or if your Nomination lapses, the Trustee will pay the whole of your benefit to the legal personal representative of your estate. If one or more of the persons you nominate are not dependants at the time of your death, the Trustee will pay the amount of your benefit that would have been payable to such person or persons to your legal personal representative.

Any payment by the Trustee to a legal personal representative is subject to the provision of a grant of probate or letters of administration. If this is not provided, the benefit will be paid at the discretion of the Trustee.

Confirmation of Nomination

Your Nomination will cease to have effect unless you provide the Trustee with confirmation every three years. Details of your current Nomination and expiry date will be shown on your Benefit Statement each year.

You can revoke your Nomination or lodge a new Nomination at any time.

It is recommended that you keep your Nomination up to date. If your circumstances change, such as upon marriage, divorce or the birth of children, your Nomination form may become out of date. If you would like to change your Nomination, please complete a new Nomination form in accordance with the instructions on the form.

Binding Death Benefit Nomination

This form allows you to make a new, or change an existing, binding death benefit nomination to your member account with VISSF. You should read and consider the important information about VISSF and binding death benefit nominations before making a decision. Go to the Product Disclosure Statement (**PDS**) and Member Guide that can be accessed at www.vissf.com.au/pds-documents. The material relating to VISSF may change between the time you read the PDS and Member Guide and when you acquire the product.

MEMBER DETAILS

Surname:	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Given name(s):	Date of birth: / /

DEPENDANT DETAILS

You can nominate one or more of your Dependants and/or your Legal Personal Representative of your Estate. The percentages must be in whole numbers and add to 100%.

Full Name	Address	Relationship	% of Benefit
Legal Personal Representative			100%

Member Signature:	Date:/...../.....
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Independent witnesses

Each witness **must** be aged 18 years or over and **must not** be nominated on this form.

I declare that I satisfy these requirements. **I also declare that the above nomination was signed and dated by the member in my presence.**

WITNESS A	Signature:	Date:/...../.....
	Name: (please print)	

WITNESS B	Signature:	Date:/...../.....
	Name: (please print)	

Warning: Witnesses must witness at the same time and on the same date as this form is signed. If these dates are not the same or are not provided, the nomination will not be valid.

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