




Application for Membership Form for Self-Employed Members

Please complete and return this form to: NESS Super, Locked Bag 20, Parramatta NSW 2124
Complete in pen using CAPITAL letters or type directly into this form and print it out.
Use (X) to mark boxes. This request must be signed and dated.

-  **Website:** www.nesssuper.com.au
 **Email:** nessadmin@aas.com.au
 **Freecall:** 1800 022 067

This form is for Self-Employed Members who are operating as a Sole Trader or through an unincorporated Partnership and who are not in receipt of Employer contributions. Employees who are in receipt of an Employer contribution – please complete an Application for Membership Form for Employed Members. Spouse Members – please complete an Application for Membership Form for Spouse Members.

1. Member details (Please complete in full)

Mr/Mrs/Ms/Miss Surname

<input type="text"/>	<input type="text"/>
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Given names

<input type="text"/>

Date of birth (ddmmyyyy)

<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"/>
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Male/Female

<input type="text"/>

Telephone (daytime)

<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"/>
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Mobile

<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"/>
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Email

<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"/>
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Residential address

Street number

<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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Street name

<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"/>	<input type="text"/>
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Suburb/Town

<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"/>	<input type="text"/>
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State

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<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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Postal address (if different to residential address)

PO Box

<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"/>	<input type="text"/>
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Suburb/Town

<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"/>	<input type="text"/>
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State

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<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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2. Election to receive electronic communications

Would you like to receive information including any member statements, notices of material changes or occurrences of Significant Events and other member communication material electronically?

Yes No By electing to receive eStatements, you will be able to access all your member statements online through MemberAccess.

Email

<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"/>	<input type="text"/>
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By electing to receive member statements and other communications electronically, NESS Super will not use your email address to send you any direct marketing material unless you indicate your consent by ticking (✓) the box below.

Yes I would like NESS Super to send me information regarding any special offers that are available to me as a member.

3. Details


Your trading name

<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"/>	<input type="text"/>
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Are you operating as a Sole Trader Unincorporated Partnership

Employer's telephone

<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"/>
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 Please turnover

4. Tax File Number Notification (TFN)

Please read TFN section on page 6 of the current NESS Super PDS

Tax File Number

5. Transfer of benefits

Combining all your super in one fund can reduce the fees you pay and make it easier to manage your super.

Please select (X)

Would you like NESS Super to help you transfer your benefit(s) from your other superannuation fund(s)?

Yes No

If you marked "YES", please complete the enclosed **Combine my Super into NESS Super Form**.

6. Preferred beneficiaries

In case of death please nominate the person(s) to whom you wish your benefit to be paid. A nominated beneficiary can only be your spouse (legal or de facto), child (including adopted or step children), financial dependant, interdependant, or legal personal representative (your estate). If you nominate your legal personal representative, you should enter "legal personal representative" in the relationship field.

Name of beneficiary

Relationship (e.g. Wife, Son)

Date of birth (ddmmyyyy)

Portion of Benefit (%)

Name of beneficiary

Relationship (e.g. Wife, Son)

Date of birth (ddmmyyyy)

Portion of Benefit (%)

Name of beneficiary

Relationship (e.g. Wife, Son)

Date of birth (ddmmyyyy)

Portion of Benefit (%)

Must be whole numbers and add up to 100%

Important Note: Your preferred beneficiary nominations do not bind NESS Super in any way. This means, although your nomination will be taken into consideration, NESS Super has absolute discretion in determining how to distribute your death benefit and to whom. If you have or would like to make the nominations binding on NESS Super, you should refer to the rules applicable to *Binding Death Benefit Nominations*. If you would like to make your nominations binding on NESS Super, please complete a *Binding Death Benefit Nominations Form* available at www.nesssuper.com.au.


7. Investment choices

Please refer to the current NESS Super PDS and "More about NESS" available from www.nesssuper.com.au for more information about NESS Super's investment options before making a selection.

Your investment options can be mixed in unlimited combinations having regard to your personal investment objectives.

I acknowledge that if I do not make an investment choice or if my choices do not add up to 100%, my account will be invested in the default NESS MySuper option.

Cash	<input type="text"/>	%
Stable	<input type="text"/>	%
NESS MySuper	<input type="text"/>	%
Property	<input type="text"/>	%
High Growth	<input type="text"/>	%
Australian Shares	<input type="text"/>	%
Overseas Shares	<input type="text"/>	%
Your total must add to 100%	1 0 0	%

 Please turn over

8. Insurance choices

If you join NESS Super and you satisfy the conditions applying to default insurance cover (see the **NESS Super – Insurance Guide for Self-Employed members** available from www.nesssuper.com.au), you will be automatically covered for:

- 2 units of default Death cover*. The amount of default Death cover (that varies according to your age) and the cost of default Death cover is, as shown in the current **NESS Super PDS**.
- 2 units of default Total and Permanent Disablement (TPD) cover.* The amount of default TPD cover (that varies according to your age) and the cost of default TPD cover, as shown in the current **NESS Super PDS**.
- 2 units of default Temporary Salary Continuance (TSC) cover*. The maximum benefit payable is \$2,550 per month for two years. (Seasonal Workers and Spouse Members are not eligible for default TSC cover.) The cost of default TSC cover is as shown in the current NESS Super PDS. (Please note you are only eligible for default TSC cover, if you are in gainful employment at the date you sign this **Application for Membership Form for Self-Employed Members**.)

* As a Self-Employed Member, New Events cover will apply.

You can apply to:

- Change, decrease or opt-out of your insurance cover at any time by completing a **Change My Insurance Details Form**;
- Transfer your insurance to NESS Super by completing a **Transfer My Insurance Form**.

Options to increase your Death, TPD, TSC and SCI cover subject to Underwriting

Please refer to the **NESS Super – Insurance Guide for Self-Employed Members** for the conditions and premiums applying to Long-Term SCI cover and the conditions applying for additional Death, TPD and TSC cover. A copy of the Personal Statement is available from our website www.nesssuper.com.au

Application for Additional Death cover – Please increase my default Death cover from 2 units at \$2.54 per week, to:

units at an additional cost of \$1.27 per additional unit Death cover. A Personal Statement is required.

Application for Additional Death and TPD cover – Please increase my default Death and TPD cover from 2 units at \$5.72 per week, to:


units at an additional cost of \$2.86 per additional unit of Death and TPD cover. A Personal Statement is required.

Application for Additional TSC cover – Please increase my TSC cover from 2 units at \$1.28 per week to

units of TSC cover at an additional cost of \$0.64 per week per additional unit of TSC cover. One additional unit of TSC cover provides an additional monthly insured TSC benefit of up to \$1,275 per month (conditions apply). A Personal Statement is required.

Application for Long-Term Salary Continuance cover This cover, when combined with TSC, allows monthly benefits for the TSC units of cover selected to continue up to age 65, if you are still disabled.

I wish to apply for units of Long-Term Salary Continuance Cover (SCI) as an extension of my TSC cover. A Personal Statement is required.

 Please turn over to complete and sign this form

8. Declaration by all Applicants

I hereby apply to become a member of NESS Super and agree to be bound by its Trust Deed and Rules. I have received and read the current NESS Super PDS and confirm that:

1. All statements and declarations given in writing by me in this application are true and correct.
2. I consent to NESS Super collecting and using my personal information to manage my superannuation and comply with relevant legislation.
3. I acknowledge that NESS Super may disclose my personal information to other parties including NESS Super's Insurer, professional advisors, financial advisers, government bodies and my employers as outlined in NESS Super's Privacy Policy.
4. I acknowledge that from time to time NESS Super will contact the Australian Taxation Office (ATO) or NESS Super's eligible rollover fund (ERF) in order to locate lost members' super. I authorise NESS Super to use my tax file number, name and date of birth to match my records with the information in the ATO's lost super members' registry or NESS Super's ERF and if a match is found, I authorise NESS Super to transfer the amount found to my NESS Super account. I understand that NESS Super will advise me of the details.
5. I am aware of the information on NESS Super insurances contained in the current NESS Super PDS and the **NESS Super – Insurance Guide for Self-Employed Members** document including the terms and conditions of the insured benefits offered by NESS Super.
6. I have answered all questions correctly and acknowledge that my insurance benefit may be affected in the event of a claim, where my responses are later shown to be false or misleading. I acknowledge that the Insurer has the right to verify my answers in the application form.
7. I am aware of the general information on investments and my investment choices in relation to the NESS Super investment options contained in the current NESS Super PDS and "More about NESS" important information document.
8. I am aware of NESS Super's recommendation to obtain financial advice when investing in a financial product such as NESS Super.
9. I acknowledge that if I do not make an investment choice or if my choices do not add up to 100%, my account will be invested in the default NESS MySuper investment option.

Privacy Statement

For further information the collection, use and disclosure of your personal information, refer to our Privacy Policy at www.nesssuper.com.au or call us on 1800 022 067.

Signature of applicant



Date (ddmmyyyy)

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