

Application to change existing membership to Cbus Personal Super

Please only complete this application if you are an existing Cbus Industry member and you wish to switch to Cbus Personal Super. You are only eligible for one Cbus membership (and its associated entitlements) with the exclusion of the Cbus Super Income Stream product.

You should fully read the Member Handbook for Personal Super before completing this application. You can obtain a copy of the Handbook by contacting the Cbus Service Centre on **1300 361 784** or by downloading a copy from the Cbus website **www.cbussuper.com.au**

SECTION 1 Personal Details

THIS STEP MUST BE COMPLETED IN FULL

Please use CAPITAL letters and cross appropriate boxes

Member number

Title Mr Mrs Miss Ms Other Date of birth Male Female

First name(s)

Family name

Address Unit number Street number

Street name

Suburb

Telephone (home) ()

Telephone (mobile)

Occupation

SECTION 2 Tax File Number (TFN)

I understand that it is not compulsory for me to provide my TFN, and that if I provide it, Cbus will only use it for legal purposes as stated.

I elect to provide my TFN and declare it is:

IMPORTANT INFORMATION REGARDING YOUR TAX FILE NUMBER

Cbus is authorised under the *Superannuation Industry (Supervision) Act 1993* to collect Tax File Numbers (TFNs) which will only be used for lawful purposes (subject to any future legislative changes). Cbus may disclose your TFN to another superannuation provider where benefits are transferred unless you request not to in writing.

Providing your TFN is optional. However, if you do not Cbus cannot accept personal contributions from you and your other contributions and benefits will be subject to additional tax. Providing your TFN also helps keep track of different super accounts in your name so you receive all your benefits when you retire.

SECTION 3 Insurance Cover

I understand that my insurance cover will continue, without the need for evidence of health status, under the Cbus Personal Super Insurance Scales, provided this application is received by the Fund within 6 months of my cover ceasing under the employer sponsored section.

As a Cbus Personal Super member I receive one automatic unit of Death and TPD cover. This means that if I am currently paying for 2 units of cover as an employer sponsored member then I will still receive 2 units of cover in Cbus Personal Super. My insurance cover for Death and TPD will be automatically transferred to the Cbus Personal Super scales subject to the following conditions:

- If Death cover as an employer sponsored member has already ceased on the date my application is received (outside of the 6 month period) and I require more than the one unit of automatic cover, I will not receive the higher cover under Cbus Personal Super until I have completed a Health Statement and it is accepted by the insurer.
- Cover for Death or Death and TPD in Cbus Personal Super will commence from the date my application is received, subject to all requirements having been met. If I am increasing my cover, I will need to complete an *Application to Increase Insurance Cover*. My cover will commence when the application has been accepted by the Insurer.

PART A. INCREASING COVER

If you intend on increasing your insurance cover please tick the box below.

I intend on increasing my insurance cover. Please send me an *Application to Increase Insurance Cover*.

PART B. ACTIVE EMPLOYMENT

In order to transfer my TPD cover to Cbus Personal Super I must be in active employment at the time I am completing this application.

Please answer **ALL** questions so that we can determine your eligibility:

- Are you actively at work today? Yes No
- Are you restricted from performing the normal duties of your occupation as a result of injury or illness? Yes No
- Have you previously been paid a TPD benefit? Yes No

→ PLEASE CONTINUE OVER THE PAGE

SECTION 4 Contributions

If you would like to make ongoing contributions by direct debit from your bank account, please indicate below the amount you wish to pay each month **and** complete the Direct Debit Authority form enclosed.

• I confirm that I wish to pay an ongoing contribution of: \$. per month

Alternatively you may pay contributions direct to Cbus either in person or by mail. If you would like to pay contributions by mail we will be happy to send you out a personal contribution slip booklet.

Would you like to receive a personal contribution slip booklet?

Yes

No

SECTION 5 Declaration

I declare that:

- I have received a copy of the Cbus Personal Super Member Handbook.
- I have read and understood the basis on which my insurance cover as a Cbus employer sponsored member will be transferred to Cbus Personal Super.
- The answers I have provided above regarding my current state of active employment are true and correct.

Furthermore, I acknowledge that:

- My insurance cover as a Cbus employer sponsored member will cease from the date on which my application is received and cover under Cbus Personal Super, (subject to eligibility) will commence simultaneously.
- The Trustee may send me information on other products/services that are available from other organisations. The Trustee will only send me information on non-commission-based products and services that it feels may be of interest to you.

If you do not wish to receive this information, please cross this box

I have read and carefully considered this declaration and I confirm that all answers are true and correct in relation to me.

SIGN HERE

X

Date

When completed, please return this form to:



Cbus
Locked Bag 999
Carlton South VIC 3053