

Employer Division Member Form

2

*4 Contribution eligibility requirement

Indicates a mandatory section. If you do not complete this section, there may be a delay in processing your request.

I am under 65 years of age

OR

I am over 65 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year.

5 Insurance cover

Do you require additional insurance cover above the level of cover provided by your Employer?

Yes No

If 'Yes', please complete an Insurance Application & Personal Health Statement, available in the PDS, from our website or by contacting Spectrum Super Customer Service.

6 Transfer of existing super

Do you have any previous super funds that you would like to transfer into Spectrum Super?

Yes No

If Yes, please complete a Transfer Authority available in the PDS, from our website or by contacting Spectrum Super Customer Service.

7 Additional super contributions

Do you want to make any of the following additional contribution payments? (For a full description on the types of contribution payments below, please refer to the Spectrum Super PDS).

Salary sacrifice (pre tax salary or wages)

Yes No

Personal (after tax salary or wages)

Yes No

Spouse contributions

Yes No

If you have selected 'Yes' to any of these options you will need to liaise directly with your payroll officer to arrange for their deduction from your salary.

Is your spouse a member of Spectrum Super?

Yes

Spouse's member number

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No

Send me an application form so I can make contributions on behalf of my spouse.

8 Member declaration

Important note: Information provided to the Trustee will only be used for the purposes specified in the PDS. It may be accessed and updated by you through Spectrum Super Customer Service. It will only be disclosed to other parties where required by law (eg ATO) or to implement your request (eg insurance). If you do not provide all of the requested information, we may not be able to action your request.

- I have received a copy of the PDS.
- I consent to the collection and use of the above information by the Trustee for the purposes specified in the PDS.
- I confirm that all details supplied in this form are true and correct.

Member signature

Date

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9 Employer use only

*Indicates a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

*Date commenced employment

 / /

Category

Current salary

\$

*Employee's Tax File Number¹

1 Important information on providing Tax File Numbers

- Spectrum Super cannot accept personal contributions on behalf of your employees unless you have provided their valid Tax File Number (TFN).
- If your employee has authorised you to supply Spectrum Super with their TFN, then you must do so.
- Please read the information on collection of Tax File Numbers (TFNs) in the Product Disclosure Statement before providing your employee's TFN as they are not obliged to disclose their TFN, but if they do not there may be tax consequences.

I have acted in accordance with the instructions in section 7 regarding additional super contributions

 Yes No

I declare that the employee was at work on the date of commencing employment. I understand that if the employee was absent due to a public holiday or a weekend, this is classified as being at work

 Yes No

Reason employee was not at work on commencing employment

Authorised signature

Date / /

Contact phone number

Please forward all correspondence and queries to

Spectrum Super Operations Centre, GPO Box 529, Hobart Tas 7001

Spectrum Super Customer Service 1800 333 500 Facsimile (03) 6215 5933 Website www.spectrumsuper.com.au