

Please complete and sign this form and return to: BUSSQ GPO Box 2775, Brisbane Qld 4001
For help completing this form call **1800 692 877**, email super@bussq.com.au or visit bussq.com.au

Are you already a BUSSQ member? NO YES, my member number is

1 Personal details

Mr/Mrs/Ms/Miss	Given names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth (dd/mm/yyyy)	Gender (M/F)	Daytime contact number	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			
Street address	Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Tick if same as above		
Occupation			
<input type="text"/>			

2 Your Tax File Number (TFN)

- You don't have to provide your TFN and it's not an offence if you don't. If you do BUSSQ will only use and disclose it for purposes approved by law, including finding and identifying your super, calculating tax and providing information to the ATO. These purposes may change in the future.
- If you choose not to provide your TFN you may pay more tax on your benefits and contributions and you will not be able to make personal contributions to BUSSQ. These consequences may change in the future.
- BUSSQ will disclose your TFN to another superannuation fund if you transfer your benefits there unless you advise us in writing that you do not want your TFN disclosed.

I elect to provide my TFN and declare it is:

Tax file number

3 Your BUSSQ insurance cover - You must complete this section

Do you wish to hold default insurance cover with BUSSQ?

YES (proceed to insurance classification questions below) NO (proceed to section 4)

Information about the default insurance that is offered with your MySuper account can be found in the *MySuper PDS* and *Insurance Handbook*. This includes the definitions of some of the terms used on this form. You should read this information before completing this section.

Insurance Classification

- I do manual physical work and elect to have insurance cover with BUSSQ.
- I spend at least 50% of my working time in an office environment, do not perform any manual duties and elect to have Insurance Cover with BUSSQ.



Please note: you may NOT be eligible for default Death and TPD cover if you:

- Have previously reduced, opted out or cancelled your BUSSQ insurance cover.
- Have been previously paid or eligible to receive, or have lodged a claim or have a claim pending for, a TPD benefit from BUSSQ, any insurer or another superannuation fund.
- Are self-employed.
- Have been paid or are eligible to receive or have lodged a claim for or have a claim pending for a Terminal Illness benefit from or with any insurer of a superannuation fund, or are otherwise suffering from a Terminal Illness
- Are under 25 and/or have an account balance under \$6,000* unless you are covered by the dangerous occupation exemption.

*See page 10 of the *Insurance Handbook*.

If you are under 21 you are generally eligible for Under 21 Budget cover, unless you opt to take up default cover within 60 days of joining BUSSQ. You can do this by ticking the box below.

I am under 21 and choose to be covered by default unitised insurance instead of the budget insurance for under 21's detailed in the MySuper PDS and *Insurance Handbook*.

If you are aged between 21 and 69 you are generally eligible for BUSSQ's default unitised insurance. More insurance options, including fixed cover and Income Protection, are available through BUSSQ's Premium Choice account. You can upgrade online, or call us for more information.

Special offer on joining BUSSQ

You can apply to increase your cover from your default cover up to a total of 6 units of Death and TPD, or Death only insurance without providing medical evidence. Please tick the box below to take up this offer. Please note this offer is only available if you meet all of the eligibility criteria for default cover as detailed in the *Insurance Handbook*. This form must be received by BUSSQ within four months of the date of the welcome notification we send to you upon joining.

I would like to increase my default cover to a total of 6 units of Death and TPD cover or Death only.



If your BUSSQ account becomes inactive (no contributions or rollovers received) for 16 months, then your insurance cover may be cancelled. Please refer to the *Insurance Handbook*.

4 Authority

We know that sometimes it's tricky to find time to call and get information about your super. Providing someone with an authority to access your information means we can speak to them about your super. By giving a person authority you're only allowing them to access information, not to act on your behalf, so we'll still need to speak to you to do things like update your address, make a claim or open an Income account. If you don't specify an end date for the authority it will remain in force indefinitely. By completing this section you are giving the named person authority to access your account information.

Name of person/company

Relationship to you

Phone

Email

Authority end date (dd/mm/yyyy)

5 Employer details

Employer's name

Employer's BUSSQ number (if known)

Date started working for employer (dd/mm/yyyy) Occupation

Employer's phone number

OR I am self-employed



Please note: you may not be eligible for default insurance cover. You may be able to claim a tax deduction on your personal superannuation contributions.

6 Nomination of beneficiaries



BUSSQ accepts binding death benefit nominations. Please check bussq.com.au for further information and to download the Binding Death Benefit Nomination form. The below nomination is a non-binding nomination.

In the event of your death, please nominate to whom you would prefer your benefits to be paid.
You can nominate one or more preferred beneficiaries. Attach a list if space is not sufficient.

First person's full name

Relationship to you

Date of birth (dd/mm/yyyy)

Phone

How much? %

Street address

Suburb/Town

State

Postcode

Second person's full name

Relationship to you

Date of birth (dd/mm/yyyy)

Phone

How much? %

Street address

Suburb/Town

State

Postcode

Third person's full name

Relationship to you

Date of birth (dd/mm/yyyy)

Phone

How much? %

Street address

Suburb/Town

State

Postcode

A death benefit is payable to your dependants and/or your legal personal representative (executor of your will or administrator of your estate). The final decision rests with the Trustee. More information is available at bussq.com.au.

7 Roll over your other super accounts



Before you complete this section you should consider the following:

- BUSSQ may be able to transfer your insurance cover before you close your other accounts. If you would like to do this DO NOT complete this section, and call us on **1800 692 877**.
- Electing to rollover your other super account/s on this form will close your account/s with other super funds.
- Any insurance cover you have with your other fund may cease when you close your account; and
- BUSSQ recommends that you call your other fund before rolling over.

I elect to roll in the funds named below.

Please note: your rollover may not be able to be processed if all fields are not completed.

Super fund name	Fund ABN/Unique Super Identifier (USI)	Member 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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8 Declaration and signature

To apply for membership, you must sign and date this form after reading and accepting the declarations below.

- I have read and agree to the terms and conditions in the BUSSQ MySuper Product Disclosure Statement (PDS) and Financial Services Guide.
- By electing to have insurance cover I am electing to take out or maintain the Death and TPD insurance cover that has or will be provided to me in BUSSQ Super and for insurance premiums to be deducted from my account in relation to that cover until cover ceases. Further information on BUSSQ Insurance is contained in the *Insurance Handbook*.
- By electing to cancel my insurance cover I will not be able to make a claim for insurance benefits for any injury or illness that arises after the date my insurance cover was cancelled, and we will no longer deduct insurance premiums from the account. If I wish to take out insurance cover again in the future, I may be required to complete an application form for insurance and submit medical and other information in support of my application. Information on applying for insurance cover through BUSSQ is located in the *Insurance Handbook*.
- If I don't make an election for insurance cover or I advise that I am employed in a manual occupation, BUSSQ will provide default insurance cover automatically in accordance with Putting Members Interests First (PMIF) legislation and the Dangerous Occupations exception under this legislation, even if I am under 25 and/or my account has not reached \$6,000. I understand that insurance premiums will be deducted from my account. I can choose to cancel this at any time by advising BUSSQ in writing, by calling BUSSQ on **1800 692 877** or selecting the opt out of insurance option in Part 3 of this form.
- If I have elected to roll over super on this form, I am aware that this will close my account with my other fund. I understand that insurance cover in the other fund may cease, and that BUSSQ may need to deduct tax on any untaxed amounts that are transferred. I acknowledge BUSSQ's recommendation to call my other fund and take any action to transfer my insurance cover BEFORE submitting the request to rollover.
- I agree to receive statements electronically. I understand that I can opt out of electronic delivery of statements at any time or change my communication preferences at **bussq.com.au** or by calling **1800 692 877**.
- I agree to be bound by the provisions of the Trust Deed governing BUSSQ.
- I declare that all the details in this application form are true and correct.



Please sign and date.

Forms without both a signature and date are unable to be processed.

Signature of applicant

Dated (dd/mm/yyyy)

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Once completed and signed please return this form to: BUSSQ GPO Box 2775, Brisbane Qld 4001

9 Privacy

BUSSQ collects and uses your personal information in accordance with the BUSSQ Privacy Statement which is available from our website or by calling **1800 692 877**. Please call us if you have any questions about your rights under the privacy legislation.