

Fire and Emergency Services Superannuation Fund Spouse Membership Application Form

Spouse Member Details

First Name: _____ Middle Name: _____ Surname: _____

Title: Dr/Mr/Mrs/Ms/Miss Date of Birth: _____ Tax File No.: _____

Home Address: _____ Post Code: _____

Male/Female (*please circle*)

Home phone: _____ Work phone: _____

Preferred email address: _____

Spouse superannuation accumulation account options

Investment options

I would like my accumulation account to be invested as follows:

| Investment Option | Percentage |
|-------------------------------------|------------|
| Cash option | |
| Capital Stable option | |
| Smoothed Option | |
| Growth Option | |
| Share Option | |
| Socially Responsible Share option | |
| Australian Share option | |
| Total (<i>should add to 100%</i>) | |

Please note that if you select an investment option other than the Smoothed Option, you cannot move your money into the Smoothed Option at a later date. Refer to Parts A and B of the Member Information Guide (Product Disclosure Statement) for more information.

Default option

If you do not advise otherwise, your superannuation savings account will automatically be invested in the Smoothed investment option.

Insurance cover

Insurance cover is not available for spouse members.

Spouse Declaration

- I hereby apply to the Superannuation Board for the admission as a spouse member of the Fire and Emergency Services Superannuation Fund under the terms and conditions contained in the Act and Regulations.
- I understand that my personal information will be handled by the Fund to provide and manage my superannuation. Without this information it may not be able to provide my superannuation and choices. For this purpose, my personal information may pass between the Superannuation Board and administrator, professional advisers, insurers, government bodies, the employer and other parties as required, including the trustee of any other superannuation fund that my superannuation is transferred to.
- I acknowledge that if I have provided my email address in this application form, the Superannuation Board may at its discretion, use it to send information to me.
- I certify that the details provided by me in this form are true and correct.

Signature: _____ Date: _____

Sponsoring Member Details

First Name: _____ Middle Name: _____ Surname: _____

Title: Dr/Mr/Mrs/Ms/Miss Date of Birth: _____ Pay Number: _____

Home Address: _____ Post Code: _____

Male/Female (*please circle*)

Home phone: _____ Work phone: _____

Preferred email address: _____

I wish to make the following contributions from after tax salary to the Fire and Emergency Services Superannuation Fund on behalf of my spouse:

lump sum of \$ _____

fixed amount of \$ _____ per pay period or _____% per pay period
(for at least one year)

Declaration

- I hereby confirm that the applicant is my spouse.
- I understand that I have no rights or authority over my spouse's entitlement in the Fund, notwithstanding the fact that his/her accumulation account may include contributions made by me to the Fund on his/her behalf.
- I authorise my employer to direct from my pay any contributions that I have indicated that I would like to make to my spouse's accumulation account.
- I certify that the details provided by me in this form are true and correct.

Signature: _____ Date: _____

To be completed by the employer

Member contributions from after-taxed income: \$ _____ per pay period or _____% per pay period (for at least one year) to be paid into the employee's spouse's account

Name of authorised employer representative: _____

Signature: _____ Date: _____

Once completed by the employer, send form to:

Secretary/Manager
Fire and Emergency Services Superannuation Fund
PO Box 513
Subiaco WA 6904

Action by Superannuation Board

| Entered on SAS | | Entry on SAS checked | |
|-------------------|-------------------|----------------------|--|
| Posted to Member: | Letter | | SMHL Pamphlet |
| | PDS & Forms | | 3 rd Party Mailing Opt-out Letter |
| | Report to Members | | |
| | Pin No: | | |