

Membership of AMIST Super Employer Sponsored Division

Complete this form in BLACK ink with a ballpoint pen using BLOCK letters | Any request will be invalid if not signed and dated
Please mail this form to: AMIST Super, Locked Bag 5390, Parramatta NSW 2124 | AMIST Super Hotline: 1800 808 614

Personal details

Start Here

AMIST Super Membership Number

Have you previously registered as a member of AMIST Super? No Yes

1 Your Name

Mr/Mrs/Ms/Miss Surname

Given Names

2 Your Address

Street Number / PO Box Street Name

Suburb State Postcode

3 Your Date of Birth

Date of birth (dd/mm/yyyy) Telephone

Email

4 IMPORTANT

If we lose contact with you in the future, your account may be reported to the ATO as lost. By selecting the option below, you verify that you have instructed us not to treat your account as lost in the future and you wish to continue your membership with the Fund. Other conditions apply which may mean your account will be sent to the ATO even though you have selected to be excluded from being reported as lost.

Please exclude my account from being reported to the ATO as lost.

Tax File Number

I agree to provide my Tax File Number Yes No My TFN is:

Please refer to the section "Providing your Tax File Number" in the AMIST Super Taxation Fact Sheet.

AMIST Super can use your TFN to check with the Australian Taxation Office (ATO) or any other Superannuation Fund that holds lost members super, with the aim of recovering any lost super you may have. I authorise AMIST Super to use my Tax File Number, name and date of birth for this procedure to take place.

Employment details

Employer trading name

Employer's contact number Employer number with AMIST

Payroll number (If applicable) Date joined employer (dd/mm/yyyy)

Basis of employment: Full Time Part Time Casual

Declaration

I apply to become a member of AMIST Super. If accepted as a member I agree to be bound by the Trust Deed that governs the Fund. I declare that I have read the accompanying Product Disclosure Statement (PDS) and I am not absent from work due to illness or injury on the date of signing this Application for Membership. I nominate the person(s) shown overleaf as my preferred beneficiary/s for the payment of my benefit in AMIST Super when I die. I understand that:

- my nomination will be used by the Trustee as a guide only: and
- the Trustee is not in any way bound by the nomination when exercising its absolute discretion to pay my benefit in AMIST Super in the event of my death.

I declare that all the above details are correct.

Signature



Date (dd/mm/yyyy)

5 Sign here

YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM

Are you an office worker?

Please tick the box if you are an Office Worker and return the form to us.

Yes, I am an Office Worker.

Office Workers (defined as 'White Collar' in the insurance policy) are members who perform only non-manual duties and work at least 75% of the time in an office environment and have done so for at least 12 months. If you are completing this declaration to advise that you are an office worker please refer to the Duty of Disclosure on the following page.

Signature

Date

IMPORTANT INFORMATION

Duty of disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer anything that he or she knows, or could reasonably be expected to know, which may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty until the insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk the insurer insures him or her for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives his or her duty to tell them about.

If the person does not tell the insurer something that he or she knows, or could reasonably be expected to know, this may affect the insurer's decision to provide the insurance and on what terms, and may be treated by the insurer as a failure by the person entering into the contract to tell the insurer something that he or she must disclose to the insurer.

If the person entering the contract does not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had disclosed the information, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person had told the insurer everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, the insurer may, at any time vary the contract in a way that places the insurer in the same position the insurer would have been in if the person had told the insurer everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Australian Meat Industry Superannuation Pty Limited (Trustee) ABN:25 002 981 919 RSE Licence: L0000895 AFSL: 238829
as Trustee for Australian Meat Industry Superannuation Trust (AMIST) ABN: 28 342 064 803 Registration No. R1001778

AMIST Super Hotline
1800 808 614

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Locked Bag 5390
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AMISTSUPER 
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