

# \* Hunter United Super Choice Fund

## Application for Membership



Hunter United  
Since 1963

### Instructions

You should not complete this form unless you have received, read and understood the current Hunter United Super Choice Fund Product Disclosure Statement (PDS) and all the fact sheets incorporated into the PDS.

- Black or blue pen please.
- Please use BLOCK letters.
- Please place a X in boxes where required.

Please send us your completed form by ONE of the following methods:

**Email:** [mcc@huecu.com.au](mailto:mcc@huecu.com.au)

**Post:** Hunter United Super Choice Fund,  
GPO Box 4344, Melbourne VIC 3001

**Fax:** 03 9654 2187

Please note: if you fax or email the form, there is no need to send us the original.

### Step 1 – Member details

Account Number	Gender		Occupation
<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="text"/>
Title	First Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email (Mandatory requirement)*	Date of Birth	Phone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

\* It is a requirement of the Fund that you provide your email address. If your email address is not provided we will be unable to accept your membership application.

### Step 2 – Contact details

Residential address			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number (home)	Phone number (work)	Phone number (mobile)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			
<input type="checkbox"/> I would like to receive fund communications by email			

### Step 3 – Your Tax File Number

Tax File Number (TFN)
<input type="text"/>

Please note: you don't have to provide your TFN if you don't want to, but you cannot become a member without providing it. If you do give us your TFN, we can also use it (and your name and date of birth) as permitted by law including to locate any of your old or lost super for you. If we find any, we'll get in touch! Please refer to the PDS for further information.

### Step 4 – Investment profile

#### How would you like your money invested?

CUBS Superannuation Fund requires you to select the investment option of your choice. If you do not select an Investment Option we will be unable to accept your application. You can change your investment selection at any time once you're a member. Please refer to the PDS and Investments fact sheet on the Hunter United Employees' Credit Union Ltd website for more information on investment options or contact us on 03 9654 1399 for a copy.

I would like to invest in:

<input type="checkbox"/>	Cash Plus	<input type="text"/>	%	Cash Plus
<input type="checkbox"/>	Conservative	<input type="text"/>	%	Conservative
<input type="checkbox"/>	Balanced	<input type="text"/>	%	Balanced
<input type="checkbox"/>	Growth	<input type="text"/>	%	Growth
<input type="checkbox"/>	High Growth	<input type="text"/>	%	High Growth

#### Note:

In this form, contributions include transfers, rollovers or other amounts paid into your account by you or on your behalf.

If you would like to change how your existing account balance is invested in future, you will need to complete an Investment Switch Form (Existing Investments) available from [www.hunterunited.com.au](http://www.hunterunited.com.au). If you would like to change how your contributions are invested in future, you will need to complete an Investment Application Form (Future Contributions) available from [www.hunterunited.com.au](http://www.hunterunited.com.au)

## Step 5 – Insurance

Please mark this box if you wish to be insured under the CUBS Superannuation Fund insurance policy.

**Please note:** If you choose not to be insured now, you will not be able to apply for cover at a later date.

To qualify for insurance, you must be able to answer "NO" to the following series of eligibility questions and acknowledge you have read, understood and agree to the terms and conditions specified below and summarised in the Insurance fact sheet:

**Warning:** you have a duty to disclose all information relevant to the insurer's decision to accept your application as outlined in the Insurance fact sheet. Failure to do so may lead to the insurer declining any future claim. Acceptance of a claim is subject to the terms and conditions (including exclusions) in the insurance policy.

1. Are you, due to sickness, accident or injury, currently unable to perform your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment may be full-time, part-time, casual, unemployed or domestic duties?  Yes  No
2. Have you been diagnosed with or do you suffer from, an illness that reduces your life expectancy to less than 12 months or may cause a Terminal Illness or permanent inability to work?  Yes  No
3. Have you had an application for life or disability insurance cover declined, or been offered cover on alternate terms?  Yes  No
4. Have you ever made, or are you entitled to make, a claim for any Injury or Illness through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing total & permanent disablement, accident or sickness cover?  Yes  No
5. Are you engaged in a hazardous occupation (refer to the Insurance fact sheet for further information)?  Yes  No

Cover only commences upon acceptance of this duly completed application. Your cover type, amount and premiums will depend on your age and sex. Please refer to the Insurance fact sheet for further information.

## Step 6 – Declaration and authorisation

- I hereby apply to become a member of the Hunter United Super Choice Fund and, if accepted, acknowledge that I am bound by the Trust Deed applicable to CUBS Superannuation Fund.
- I have received, read and understood the current Product Disclosure Statement (PDS) and all fact sheets incorporated into the PDS.
- To the best of my knowledge, the information provided in this application and in any other documents I provide for the purposes of this application is true and correct.
- I understand that it is not the Trustee responsibility to ensure that my employer meets employer contribution requirements.
- I understand that Hunter United Super Choice Fund may share my personal information with third parties involved in the administration or promotion of CUBS Superannuation Fund. If I don't want my information shared I can let them know by giving them a call on 03 9654 1399.
- I authorise the Trustee to exchange my Tax File Number (TFN) and other relevant personal information with other funds and the ATO in searching for any old or lost super I may have. I have read and understood the information about TFNs and privacy in the PDS and fact sheets and acknowledge that my TFN and personal information may be used in accordance with CUBS Superannuation Fund privacy policy.
- I acknowledge that the Trustee will invest my superannuation in accordance with my instructions set out in this application but that the Trustee reserves the right not to do so where necessary or appropriate.
- I understand that investments may rise or fall and I acknowledge that the Trustee and any of its associated or related entities do not guarantee the return of capital or the performance of the Hunter United Super Choice Fund or its investment options.
- I understand that neither the Trustee nor any underlying manager is responsible for the investment selection made by me and I accept the investment risks, fees and costs, and rewards of the investment options I choose.
- I understand that my investment selection will be processed as quickly as possible and that there may be delays in processing any change to my investment strategy if I have not properly completed this form. I understand that my investment selection is not effective until processed by the Administrator.
- If I have applied for insurance, I hereby declare that to the best of my knowledge and belief all of the answers to questions on this insurance application are true and accurate and I have not deliberately withheld any information material to the proposed insurance as defined in the terms and conditions agreed to.
- If I have applied for insurance, I acknowledge that I have read and understood the duty of disclosure notice as detailed in the Insurance fact sheet.

Signature

Date