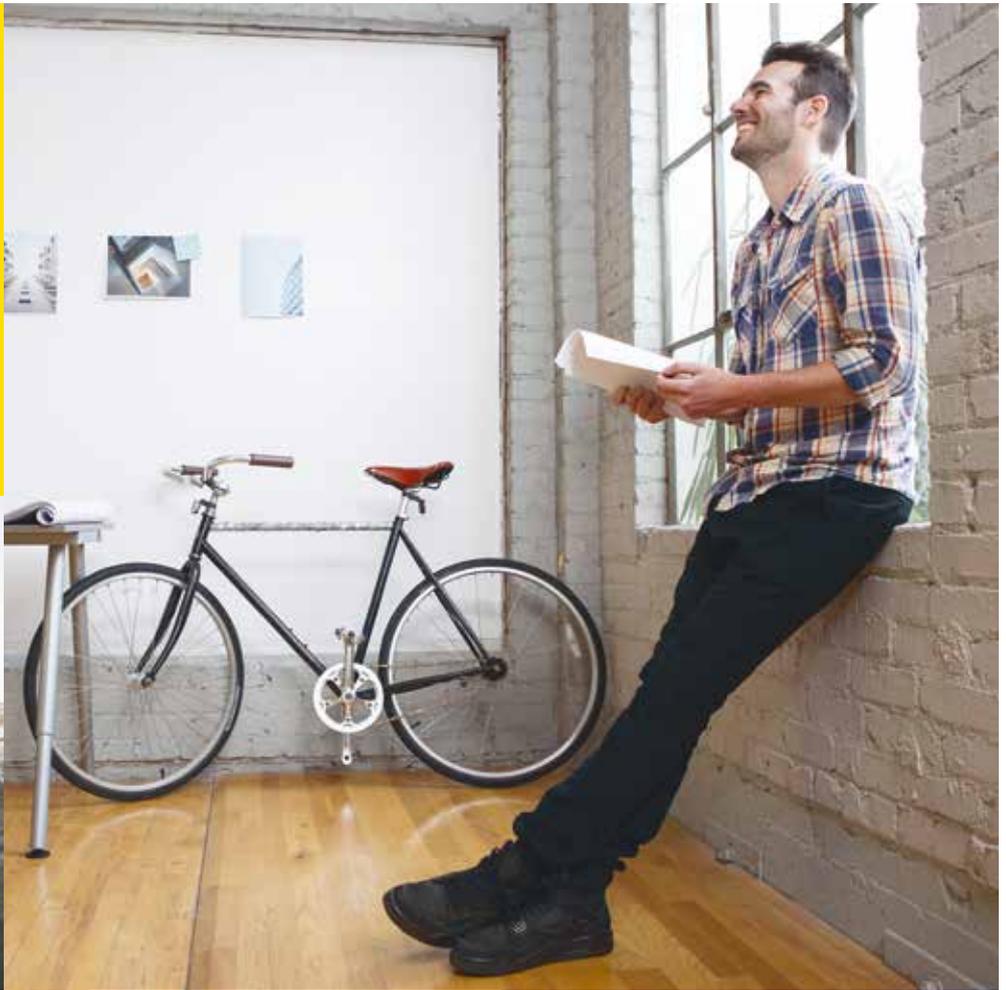




# Hostplus Superannuation Fund and Hostplus Personal Super Plan.

Member forms

26 September 2015



# Which forms do I need?

## 1 Membership form.

Use this form if you are joining Hostplus through your employer.

Your Hostplus membership becomes active when we receive an on-time contribution from your employer. Generally anyone can join Hostplus, as long as you reside in Australia or are employed by an eligible Australian employer. Applications made from persons outside Australia who are not employed by an eligible Australian employer will not be accepted.

## 2 Request to transfer your entire account balance into Hostplus.

Complete this form to transfer superannuation you hold in other funds to Hostplus.

## 3 Standard choice form.

Complete this form and provide it to your employer to ensure your super contributions are paid to Hostplus.

## 4 Personal Super Plan membership form.

Use this form if you are not joining through your employer (ie. you are self-employed, not employed or are exercising choice of fund) you will be joining the Personal Super Plan.

Applications to join the Hostplus Personal Super Plan by those residing outside Australia will not be accepted. Still unsure? Check with your employer (if appropriate) or call us on **1300 467 875**. Your Personal Super Plan membership becomes active once we have received a super contribution from you.

### Additional information for your employer.

- Choosing a super fund. A guide for employers and employees
- Letter of compliance

Did you know  
you can also join  
Hostplus online at  
[hostplus.com.au](https://hostplus.com.au)



# Membership form.

September 2015



Complete this application if you are joining Hostplus through your employer.

This application is for joining Hostplus if:

- You are joining through your employer who is, or has become, a participating Hostplus employer, or
- You have requested that your employer becomes a participating employer.
- **How to complete this form**
- **Complete all fields marked with an asterisk (\*).**
- This form must be completed in full by the person to be insured. Please use BLOCK letters and black or blue pen.
- Any changes made to this application are to be initialled by the person to be insured.
- Answer all the questions as accurately as possible and provide additional information wherever requested.
- As part of your application, you may be required to undergo additional medical tests and as part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.



You should read the current Member Guide (Product Disclosure Statement) and the associated reference material available at [hostplus.com.au](http://hostplus.com.au) or call us on **1300 467 875** to obtain a copy before completing this form.

## 1 Provide your personal details.

Title	Payroll number (if applicable)
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	<input type="text"/>
Given name*	Middle initial/s
<input type="text"/>	<input type="text"/>
Surname*	<input type="text"/>
Date of birth*	Gender*
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current address	<input type="text"/>
Suburb	State   P/C
Country	<input type="text"/>
Hostplus communications will be sent to your postal address. This includes your membership card and statements.	
Home phone	Mobile phone*
<input type="text"/>	<input type="text"/>
Preferred method of contact* (please select one)	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Occupation	<input type="text"/>
Email address*	<input type="text"/>

Have you previously been registered as a member of Hostplus?

Yes – please provide your Hostplus membership number.

No

**i** If you wish to open a Spouse Account with Hostplus, you need to apply using the Personal Super Plan membership form included in this forms booklet.

## 2 Provide us with your Tax File Number (TFN).

The trustee is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. Your TFN will be treated confidentially and only used as required by law. You should be aware of the following if you do not provide your TFN:

- If you do not provide your TFN, contributions made to your account may be taxed at the highest marginal tax rate plus all applicable levies including the Medicare levy, compared to the concessional tax rate of 15%. Hostplus may deduct this additional tax from your account
- The trustee is required to provide your TFN when transferring benefits to another super fund, approved deposit fund or retirement savings account, unless advised otherwise.
- If you provide your TFN, it's easier to keep track of your super benefits, especially if you have multiple accounts.
- Your benefits may also be subject to additional tax which may be claimed from the ATO when you lodge your tax return.

The lawful purposes for which TFNs can be used for and the consequences of not quoting it are subject to change.

My Tax File Number is:\*

## 3 Use of the ATO's Super Match Facility.

The ATO has made this facility available to all Superannuation funds to:

- Assist members in finding lost Superannuation;
- Assist members in locating any unclaimed monies that the ATO may hold; and
- Assist and better inform members of all their Superannuation interests.

By providing your consent to use your TFN for this purpose, we will access this facility and provide you with all the applicable information on your Superannuation arrangements by either email or letter. Please note that your consent will be ongoing until it is revoked by you.

By ticking this box, I agree to Hostplus using my TFN to access the ATO Super Match system and acknowledge that this consent is ongoing until I revoke it with the fund. Please sign the declaration at Step 9.

## 4 Provide your employer's details.

**i** If you are not joining through your employer you should apply using the Personal Super Plan membership form. Your employer can provide you with their Hostplus account number and trading name.

Your employer's Hostplus account number\*

Your employer's ABN\*

Your employer's trading name\*

Your employer can provide you with their Hostplus account number and trading name

Your employer's telephone number

Date commenced with employer\*

the date when you started with your current employer tells us when we should expect superannuation payments for you.

## 5 Advise us of your insurance cover details.

Hostplus has taken out a contract of insurance with the insurer, MetLife Insurance Limited ABN 75 004 274 882 AFSL 238 096 ("MetLife" or "the Insurer") to provide the insurance cover in the fund. On becoming a member, insurance cover will be provided to you on the terms contained in Hostplus' insurance contract issued by the Insurer (the Policy). By completing the insurance section of the form, you are requesting the Insurer to change your automatic insurance cover. The answers that you provide in this form may be used by MetLife to determine whether you are eligible to change your cover.

For employees of Hostplus participating employers, Hostplus automatically provides insurance to members aged between 11 and 69 years of age.

As a special offer to new members of Hostplus, you have the opportunity to increase your default insurance cover and/or obtain Salary Continuance cover provided you return this form within six months from the effective date of your first on time SG Contribution that is received from your Hostplus participating employer or within 60 days from the day you receive your Hostplus welcome letter, whichever is the latter. You can also use this form to fix your cover or upgrade to the Management/Clerical (white collar) scale. If you wish to vary your insurance cover as is otherwise provided for in this form, you can apply online at [hostplus.com.au](http://hostplus.com.au)

## 5.1 Personal statement.

**i** This section must be completed in all circumstances.

1. Have you previously been paid, or been entitled to receive, a TPD benefit?

Yes – please provide details of super fund name and when.

Date

Fund name

Your insurance cover will be limited to Death only cover and you will be ineligible for Salary Continuance cover.

No

2. Are you restricted, due to illness or injury from carrying out any of the identifiable duties of your current and normal occupation on a full time basis (even if you are not currently working on a full time basis)? Full time basis is considered to be at least 35 hours per week<sup>+</sup>.

Yes  No

3. Are you contemplating or have you ever made a claim for sickness, accident or disability benefits, Workers' Compensation or any other form of compensation due to illness or injury?<sup>+</sup>

Yes  No

4. Have you been restricted from work or unable to perform any of your regular duties for more than seven consecutive days over the past 12 months due to illness or injury (other than for colds or flu)?<sup>+</sup>

Yes  No

5. Have you been diagnosed with an illness that in a doctor's opinion reduces your life expectancy to less than 3 years?<sup>+</sup>

Yes  No

6. Are you currently contemplating any medical treatment or advice for any illness or injury for which you have not previously consulted a medical practitioner or an existing illness or injury, which appears to be deteriorating?<sup>+</sup>

Yes  No

7. Have you had an application for Life, TPD, Trauma or Salary Continuance insurance declined by an insurer?<sup>+</sup>

Yes  No

<sup>+</sup> If you answer yes to any of the questions above, you will not be eligible for the increase in cover.

## 5.2 To apply for additional units – special offer for new Hostplus members.

Complete this section to apply for additional units of Death and TPD cover. You cannot use this form to increase your Death and TPD cover if you have answered 'Yes' to question 1 in Section 5.1. Please note, members aged 65 or above are not eligible for the Special insurance offer upon joining.

Please indicate the total number of units that you require by placing a ✓ in the relevant box. If your application is accepted, your existing allocation of insurance units will be changed to reflect the number of units you have requested in this form.

If you are **under age 25**, indicate whether you would like a total of 8, 12 or 16 units of Death and TPD by placing a ✓ in the relevant box:

8 units Death and TPD

12 units Death and TPD

16 units Death and TPD

If you are **aged between 25 and 64**, indicate whether you would like a total of 12, 16 or 20 units of Death and TPD by placing a ✓ in the relevant box:

12 units Death and TPD

16 units Death and TPD

20 units Death and TPD

If you require higher levels of cover than indicated above, apply online at [hostplus.com.au](http://hostplus.com.au).

### 5.3 To apply to replace unitised cover with fixed cover (you must complete section 5.6).

Complete this section if you would like to fix the number of units you have selected above or nominate a fixed level of Death and TPD. Please note that you cannot hold unitised and fixed cover at the same time. Please note, members aged 65 or above are not eligible for the Special insurance offer upon joining. If you complete this section, your total cover will become fixed cover for Death and TPD cover.

Indicate the level of fixed Death and TPD cover you require by placing a ✓ in the relevant box. If your application is accepted, any existing allocation of insurance Units will be replaced with Fixed cover.

1. Would you like to convert the total number of units you have selected in section 5.2 to Fixed cover?

Yes – proceed to 5.5

No – proceed to question 2 in this section

2. Fixed amount of Death and TPD cover

\$100,000

\$200,000

\$300,000

\$400,000

\$500,000

If you require Fixed cover of more than \$500,000, apply online at [hostplus.com.au](http://hostplus.com.au). Premium rates applicable for Fixed cover will depend of the type of work you perform in your usual occupation (Management/Clerical (white collar), standard or Heavy blue collar).

### 5.4 Apply for Salary Continuance cover (you must also complete section 5.5).

Complete this section if you wish to obtain Salary Continuance cover.

Salary Continuance provides you with a benefit if you are unable to work due to injury or illness for longer than the waiting period.

By using this form, you can select a monthly benefit of up to \$4,000 per month (limited to 75% of salary), for up to two years. If you require more cover, or for a benefit period to age 65, apply online at [hostplus.com.au](http://hostplus.com.au).

i) Please indicate the number of units of Salary Continuance cover you require by placing an ✓ in the relevant box. The table indicates the number of Units that are required to insure each salary. You have the option to select Salary Continuance cover that relates to a lower salary than you receive.

Salary	Monthly benefit	Units	Place tick here
\$6,666	\$500	5	
\$13,333	\$1000	10	
\$20,000	\$1,500	15	
\$26,666	\$2000	20	
\$33,333	\$2500	25	
\$40,000	\$3000	30	
\$46,480	\$3500	35	
\$53,120	\$4000	40	

\*Salary is your current annual income from your usual occupation, including tax and superannuation contributions, but excluding business expenses.  
+The maximum monthly benefit you are entitled to cannot be higher than 90% of your monthly salary (75% being paid to you and 15% to your Hostplus account).

ii) Nominate a Waiting period by marking the appropriate box with a ✓:

30 days

60 days

90 days

\* If you don't select a waiting period you will default to 90 days.

The Waiting Period is the period during which you must be totally or partially disabled before any benefit is payable. You are not entitled to any benefit for this period.

iii) To the best of your knowledge have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than for colds or flu)?

Yes – apply online at [hostplus.com.au](http://hostplus.com.au) as your current application for Salary Continuance cover cannot proceed without more detailed information being provided.

No

## 5.5 Occupational rating.

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

### Management/Clerical (white collar) scale

- i) Are you employed for at least 15 hours per week on an ongoing basis?  Yes  No
- ii) Do you work in an office or similar environment?  Yes  No
- iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week.  Yes  No
- iv) Do you work in any of the following occupations?
- Management  Clerical  Marketing  Administration  Accounting

### Standard scale

Please select your occupation:

- |   |   |
|---|---|
| <input type="checkbox"/> Home Duties  | <input type="checkbox"/> Hospitality Worker*                            |
| <input type="checkbox"/> Wait Staff/Waitress/Waiter*                                    | <input type="checkbox"/> Shop Assistant/Retail Assistant                |
| <input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant*                    | <input type="checkbox"/> Casino Worker/Dealer/Croupier/Gaming Attendant |
| <input type="checkbox"/> Chef/ Apprentice Chef/Cook                                     | <input type="checkbox"/> Sales Assistant/Attendant/Consultant           |
| <input type="checkbox"/> Room Attendant/House Keeper/<br>Guest Service Agent/Attendant* | <input type="checkbox"/> Bottleshop Attendant*                          |
| <input type="checkbox"/> Food and Beverage Attendant*                                   | <input type="checkbox"/> Barista*                                       |

### Heavy blue collar scale

Please select your occupation:

- |   |   |
|---|---|
| <input type="checkbox"/> Kitchen Hand/Crew                | <input type="checkbox"/> Ski/Snowboard/Snow sports instructor |
| <input type="checkbox"/> Cleaner (Commercial)             | <input type="checkbox"/> Fruit picker/Vineyard worker**       |
| <input type="checkbox"/> Cellar Hand                      | <input type="checkbox"/> Gardener/Landscaper                  |
| <input type="checkbox"/> Security Officer/Guard (unarmed) | <input type="checkbox"/> Farmer/Farm Labourer                 |
| <input type="checkbox"/> Store Person                     | <input type="checkbox"/> Labourer                             |

\* These occupations have a combination of two 'Collar' type ratings: Death and TPD = Standard, Group Salary Continuance = Heavy blue collar.

\*\* Please note that you are only eligible for Death and TPD cover.

If your occupation is not listed above, please specify your occupation and you will be assessed accordingly:

Occupation\*

**i** If no selection is made you will automatically default to the 'heavy blue collar scale'.

## 5.6 To cancel your insurance cover.

Hostplus generally provides automatic insurance cover to members employed by a participating employer. The premiums and insurance cover varies depending upon your age and are disclosed in the Product Disclosure Statement.

If you prefer not to have insurance cover you can elect to cancel it by ticking the box below.

I wish to cancel my insurance cover.

## 6 Nominate your preferred beneficiaries.

Please nominate who you would prefer your benefits to be paid to in the case of your death.

1	Given name*	Middle initial/s
	<input type="text"/>	<input type="text"/>
	Surname*	
	<input type="text"/>	
	Nature of dependency (spouse, child, etc.) *	Share %*
	<input type="text"/>	<input type="text"/> %
2	Given name*	Middle initial/s
	<input type="text"/>	<input type="text"/>
	Surname*	
	<input type="text"/>	
	Nature of dependency (spouse, child, etc.) *	Share %*
	<input type="text"/>	<input type="text"/> %
3	Given name*	Middle initial/s
	<input type="text"/>	<input type="text"/>
	Surname*	
	<input type="text"/>	
	Nature of dependency (spouse, child, etc.) *	Share %*
	<input type="text"/>	<input type="text"/> %
4	Given name*	Middle initial/s
	<input type="text"/>	<input type="text"/>
	Surname*	
	<input type="text"/>	
	Nature of dependency (spouse, child, etc.) *	Share %*
	<input type="text"/>	<input type="text"/> %
		Total <input type="text"/> <input type="text"/> <input type="text"/> %
		<input type="text"/> <input type="text"/> <input type="text"/> %

You can nominate more than four beneficiaries by attaching extra names to this form. You are able to nominate dependants (spouse, child, financial dependant, interdependent) or your legal personal representative who you would prefer to receive your superannuation benefits in the event of your death. Under the Hostplus trust deed the trustee decides who receives your death benefit. However, the trustee will consider your nomination and other information on dependants obtained when any claim is lodged. It is your responsibility to inform your beneficiaries that you have provided Hostplus with their personal information. You should refer them to the Hostplus privacy policy at [www.hostplus.com.au/privacy](http://www.hostplus.com.au/privacy)

### Binding death nominations

A binding death benefit nomination provides you with greater certainty about who will receive your benefit in the event of your death. In general, a binding nomination legally binds (instructs) the Hostplus trustee to pay your death benefit to the person(s) nominated as your beneficiary(ies). If you would like more information on binding death benefit nominations please refer to the Binding death benefit nomination brochure at [hostplus.com.au](http://hostplus.com.au)

## 7 Transferring other super accounts into Hostplus.

If you have any other superannuation accounts, you may be paying two or more sets of administration fees. By transferring your other super accounts into Hostplus you avoid paying multiple sets of fees.

If you wish to transfer your other superannuation into your Hostplus account, and save on fees, simply complete the Request to transfer your entire account balance into Hostplus form attached in the forms booklet. Hostplus will not charge you to transfer your other superannuation into Hostplus. You can also transfer your other superannuation benefits into Hostplus using our online rollover tool available at [hostplus.com.au](http://hostplus.com.au)

## 8 Topping up your super.

You can also top up your superannuation with personal contributions. Your savings will benefit from compound interest and add to your retirement benefit.

You can also make personal contributions through:

- Direct Debit – the authority form is available at [hostplus.com.au](http://hostplus.com.au)
- BPAY® via Hostplus online account (Your PIN is sent with your welcome letter)
- Your employer can make contributions on your behalf.

## 9 Your duty of disclosure.

**i** Hostplus has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

### Your duty of disclosure

Before you enter into a contract of insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know or could reasonably be expected to know is relevant to the Insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

This duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer
- that is common knowledge
- that the Insurer knows or, in the ordinary course of his/her business, ought to know, and
- as to which compliance is waived by the Insurer.

The duty of disclosure continues until the insurer accepts (or declines) your application and issues confirmation in writing. Please ensure that all applicable questions are fully answered.

### Non-Disclosure

If you fail to comply with this Duty of Disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within 3 years of entering into it. For applications accepted from 28 June 2014 onwards, the insurer can exercise the right to avoid the contract even if it would have provided you with cover on different terms.

If the non-disclosure is fraudulent, the Insurer may avoid the contract at any time.

An Insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

The Insurer have the same rights if you make a misrepresentation to it.

The insurer is required to treat some policies as comprising 2 or more separate contracts of life insurance and elect whether to apply its rights to each contract separately. For example, TPD and income protection benefits may be treated as separate contracts. Additionally, default cover and any additional cover will also be treated separately.

### Additional rights from 28 June 2014

For all cover except death cover received by members from 28 June 2014, the insurer has the following additional rights if you fail to comply with your duty of disclosure or make a misrepresentation to us:

- Elect to reduce the sum insured according to a formula prescribed by the law at any time;
- If we have not avoided the contract or varied the sum insured, we can vary the contract in a way that places us in the same position we would have been if the non-disclosure or misrepresentation had not occurred.

The insurer also has these additional rights for policies issued before 28 June 2014 if it agrees to:

- increase the sum insured, or
- provide additional kinds of insurance cover.

### Your Privacy

Hostplus is seeking to collect personal information from you today so that it may set up a superannuation account for you as well as administer this superannuation account on an ongoing basis. The personal information we are seeking to collect from you is your name, address, date of birth, Tax File Number (TFN), contact details, occupation and employer, personal health information and your dependants.

We need to collect the requested personal information from you for the following purposes:

- To establish and manage your superannuation account.
- To implement your investment choices.
- To establish and maintain your insurance protection.
- To process contributions, transfer monies or pay superannuation benefits to you.
- To report the investment performance of your account to you.
- To keep you up to date about other products and services available to you as a member of Hostplus (which may include direct marketing communications).

The Hostplus privacy policy is available on the Hostplus website at [hostplus.com.au/privacy](http://hostplus.com.au/privacy) and includes information about overseas disclosure of personal information, how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. You can access the MetLife privacy policy available at [www.metlife.com.au/privacy/index.html/index.html](http://www.metlife.com.au/privacy/index.html/index.html)

Hostplus usually discloses your personal information to our administrator Superpartners, mail houses, our insurer Metlife Ltd and the ATO. Superpartners may disclose your personal information to overseas recipients. Please see the Superpartners Privacy Policy at [www.superpartners.com.au](http://www.superpartners.com.au) for further information.

**Declarations**

I, whose signature appears below, declare that:

**General – relating to your Hostplus account**

- I have read and understood the current Hostplus Member Guide (Product Disclosure Statement) and the associated reference material available at [hostplus.com.au](http://hostplus.com.au)
- I agree to be bound by the terms of the Hostplus trust deed upon joining Hostplus.
- I acknowledge that neither the trustee nor any of its officers or directors guarantees the performance or the repayment of capital of my Hostplus account.
- I declare that all details given in this application form are accurate and complete and that I have the power to invest in Hostplus.
- I undertake to provide the trustee with any further information it may request relating to my Hostplus membership and I will update the trustee if any of the information provided changes.

**Privacy declarations**

- I have read and understood the privacy policy of Hostplus and its suppliers.
- I consent to allowing Hostplus to contact my employer/s to confirm my hours of work (if required).
- I consent to receiving information on new products, special offers and promotions from Hostplus, Hostplus industry parties and associations (direct marketing) unless advised otherwise by me.

**Insurance declarations – please read “Your duty of disclosure” before signing**

- I understand that I can only apply to increase my insurance cover once under the special offer as detailed in the Hostplus Member Guide PDS and that Hostplus will process the first application it receives from me (whether by post or electronically).
- I understand my Duty of Disclosure and the effect of Non-disclosure under the Insurance Contracts Act 1984 (as described in this form). I understand that I must advise MetLife Insurance Limited (Metlife) of any changes in my health from now until I am notified in writing that my application has been accepted.
- I have answered all questions in this application truthfully and correctly (to the best of my knowledge), and have disclosed everything I know that could affect Metlife’s decision to accept my application.
- I understand that if my application is accepted, insurance cover will be provided to me on the terms contained in Hostplus’ insurance policy as changed from time to time.
- I acknowledge that if I do not complete this form correctly and/or I do not sign and date this form, my application will not be considered by Metlife.
- I understand that my insurance cover will not become effective until my employer has made an on-time superannuation guarantee contribution into my Hostplus account and that account has adequate funds to meet the premium payable. I understand that increases or changes to insurance premiums may apply.

Signature of applicant\*



Date\*

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Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature.

It is important that you answer all questions on this form.

In confidence when completed.



When you have completed this form please send it to: Hostplus, Locked Bag 3, Carlton South VIC 3053

or give it to your employer to send with their next contribution to the fund. You will be sent a Hostplus membership card, along with any other information you have requested on the form.

# Membership form checklist.

Before you return your completed Membership application form, use the checklist below to ensure your application is processed promptly and we can get your super working for you without a hitch.

- Yes, I have provided my personal details in Step 1.
- Yes, I have provided my Tax File Number in Step 2.
- Yes, I have agreed to Hostplus using my TFN to access the ATO Super Match system in Step 3.
- Yes, I have provided my employer details and start date in Step 4.
- Yes, I have advised you of my insurance cover details in Step 5 (Remember you can apply online at [hostplus.com.au](http://hostplus.com.au) if you require higher levels of insurance and/or Salary Continuance insurance cover).
- Yes, I have nominated my preferred beneficiaries in Step 6.
- Yes, I have signed and dated the Declaration in Step 9.
- Yes, I have indicated whether I want to transfer any other super accounts into Hostplus in Step 7.

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 Remember to complete the Request to transfer your entire account balance into Hostplus form if you wish to consolidate. Or get started with the Online Rollover Tool at [hostplus.com.au](http://hostplus.com.au)

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# A guide to transferring your entire account balance into Hostplus.

September 2015

By completing the Request to transfer form, you're requesting the transfer of the **whole** balance of your superannuation benefits to Hostplus. The form **cannot** be used to transfer part of the balance of your superannuation benefits. The form will **not** change the fund to which your employer pays your contributions. The standard choice form must be used by you to change funds.

## How to transfer.

### Before completing the Request to transfer form:

Please ensure you read the important information below.

### When completing the Request to transfer form:

- Refer to these instructions where a question shows a message like this: **i**
- Print clearly in BLOCK letters.

### After completing this form:

- Sign the authorisation
- Send the Request to transfer form to Hostplus.

---

**i** This transfer may close your account (you will need to check this with your **from** fund).

- The Request to transfer form **cannot** be used to:
    - transfer part of the balance of your superannuation benefits – if you'd like to transfer part of your account into Hostplus, use the Transfer part of your account balance into Hostplus form
    - transfer benefits if you don't know where your superannuation is
    - transfer benefits from multiple funds on the one form – a separate form must be completed for each fund you wish to transfer superannuation from
    - change the fund to which your employer pays contributions on your behalf
    - open a superannuation account, or
    - transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the Family Law Act 1975 in place.
- 

## What happens to my future employer contributions?

Using the Request to transfer form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **from**.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Super Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [www.superchoice.gov.au](http://www.superchoice.gov.au) or call the Australian Taxation Office on 13 10 20.

## Things you need to consider when transferring your superannuation.

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- Fees – your **from** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing the form. The fees could include administration fees as well as exit or withdrawal fees. The differences in fees that different funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- Death and disability benefits – your **from** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Hostplus may not offer the same insurance so it's important that you check the costs and amount of cover offered.
- If you have insurance cover through another Super Fund, you may be able to transfer your cover to Hostplus. To apply to transfer your existing insurance cover to Hostplus, please complete the Insurance Transfer Form.

## What happens if I do not quote my Tax File Number (TFN)?

If you do not provide your TFN, contributions made to your account may be taxed at the highest marginal tax rate plus the Medicare levy, compared to the concessional tax rate of 15%. Hostplus may deduct this additional tax from your account.

If we do not have your TFN, you will not be able to make personal contributions to your Hostplus account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the Superannuation Industry (Supervision) Act 1993, Hostplus is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

#### **Your privacy.**

Hostplus is seeking to collect personal information from you today so that we can transfer your superannuation to us. The personal information we are seeking to collect from you is your name, address, date of birth, Tax File Number (TFN) and contact details. We need to collect the requested personal information from you to give effect to your transfer instruction. If you do not provide us with this information, we may not be able to carry out these instructions.

The Hostplus privacy policy is available on the Hostplus website at [www.hostplus.com.au/privacy](http://www.hostplus.com.au/privacy) and includes information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy.

Hostplus usually discloses your personal information to our administrator Superpartners, mail houses and the ATO. Superpartners may disclose your personal information to overseas recipients. Please see the Superpartners Privacy Policy at [www.superpartners.com.au](http://www.superpartners.com.au) for further information.

#### **Have you changed your name or are you signing on behalf of another person?**

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
<b>Change of name</b>	<ul style="list-style-type: none"><li>• Marriage certificate</li><li>• Deed poll or change of name certificate from the Registry of Births, Deaths and Marriages</li></ul>
<b>Signing on behalf of a member</b>	<ul style="list-style-type: none"><li>• Power of Attorney</li><li>• Guardianship papers</li></ul>

#### **Where do I send the form?**

You can send your completed and signed form to:

Hostplus  
Reply Paid 84069  
Carlton South VIC 3053

#### **Checklist.**

- Have you read all the information?
- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the Request to transfer form?
- Have you signed and dated the form?

# Request to transfer your entire account balance into Hostplus.

September 2015

### Completing this form

- Read A guide to transferring your entire account balance into Hostplus
- Refer to instructions where indicated with a **i**
- This form is only for whole (not part) balance transfers
- Complete all fields marked with an asterisk (\*)

### After completing this form

- Sign the authorisation
- Send form to: Hostplus, Reply Paid 84069, Carlton South VIC 3053

## 1 Personal details.

Title				Gender			
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Given name*							Middle initials/*
Surname*							
Other/previous names							
My Tax File Number is:*			Phone number			Date of birth*	

**i** See 'What happens if I do not quote my Tax File Number?'  
Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences.

## 2 Residential details.

Street address*											
Suburb						State			P/C		
<b>i</b> If you know that the address held by your <b>from</b> fund is different to your current residential address, please give details below.											
Previous address											
Suburb						State			P/C		

### 3 Fund details.

Where are you rolling from?

Fund name\*

Member or account number

Fund ABN

Fund telephone number\*

Unique Superannuation Identifier (USI)\*

**i** If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

Where are you rolling to?

Fund name

Member or account number\*

Fund ABN

Fund telephone number

Unique Superannuation Identifier (USI)

### 4 Authorisation.

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information
- I consent to my tax file number being disclosed for the purposes of consolidating my account
- I discharge the superannuation provider of my **from** fund of all further liability in respect of the benefits paid and transferred to Hostplus

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Name\* (Print in BLOCK letters)

Signature of applicant\*

Date\*

Faxed, scanned or photocopied forms cannot be processed. However, you may use photocopies of a blank form. You must complete a separate transfer form for every fund and every account within that fund that you are transferring from.

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

✉ When you have completed this form please send it to: Hostplus, Locked Bag 3, Carlton South VIC 3053

#### To the trustee of the old fund.

Statement of Compliance – Superannuation Industry (Supervision) Act 1993

The trustee of the Hostplus superannuation fund, Host-Plus Pty Limited, certifies that:

- the fund is a Resident Superannuation Fund under the above act, and that
- we have no reason to believe that the fund will not comply with the above Act and Regulations, and that
- the fund is not subject to a direction from the Australian Prudential Regulation Authority which prohibits the trustee from accepting employer contributions.

#### Payment instructions.

Please make the cheque payable to: 'Hostplus' – followed by your name.

Send the cheque and transfer payment details and any surcharge information to: Hostplus, Locked Bag 3, Carlton South VIC 3053.



### 3 Your super account details.

Fund name

H O S T P L U S   S U P E R A N N U A T I O N   F U N D

ABN

Member number (this is listed on your benefit statement)

6 8 6 5 7 4 9 5 8 9 0

Unique Superannuation Identifier (USI)

Fund telephone number

H O S 0 1 0 0 A U   1 3 0 0 4 6 7 8 7 5

### 4 Sign this form.

I wish to nominate Hostplus as the eligible fund for my super contributions.

Signature of applicant\*



Date\*

### 5 Give this form to your employer.

Your employee has chosen to have their super contributions paid into Hostplus. This form is an allowable alternative to an Australian Taxation Office Standard choice form.

#### Compliance statement.

Hostplus is a complying, resident and regulated super fund and can accept all types of super contributions within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act). Hostplus is a registrable superannuation entity and may be nominated as a default fund, as it meets the minimum statutory insurance cover requirements. The Trustee of the Fund is for the Hostplus Superannuation Fund ABN 68 657 495 890 AFSL No. 244392.

#### ✉ Fund contact details.

**Mail** Locked Bag 3, Carlton South VIC 3053  
**Call** 1300 467 875, 8am–8pm AEST, Monday to Friday  
**Fax** 1800 467 875  
**Visit** [hostplus.com.au](http://hostplus.com.au)  
**Email** [info@hostplus.com.au](mailto:info@hostplus.com.au)



Residence status\*

Australian permanent resident

Non resident – eligible to work in Australia

Non resident – not eligible to work in Australia

Are you applying as a spouse member?

Yes

No

Have you previously been registered as a member of Hostplus?

Yes – please provide your Hostplus membership number.

No



If you wish to open a Spouse Account with Hostplus, you need to apply using the Personal Super Plan membership form included in this forms booklet.

## 2 Provide us with your Tax File Number (TFN).

The trustee is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. Your TFN will be treated confidentially and only used as required by law. You should be aware of the following if you do not provide your TFN:

- If you do not provide your TFN, contributions made to your account may be taxed at the highest marginal tax rate plus all applicable levies including the Medicare levy, compared to the concessional tax rate of 15%. Hostplus may deduct this additional tax from your account
- The trustee is required to provide your TFN when transferring benefits to another super fund, approved deposit fund or retirement savings account, unless advised otherwise.
- If you provide your TFN, it's easier to keep track of your super benefits, especially if you have multiple accounts.
- Your benefits may also be subject to additional tax which may be claimed from the ATO when you lodge your tax return.

The lawful purposes for which TFNs can be used for and the consequences of not quoting it are subject to change.

My Tax File Number is:\*

## 3 Use of the ATO's Super Match Facility.

The ATO has made this facility available to all Superannuation funds to:

- Assist members in finding lost Superannuation;
- Assist members in locating any unclaimed monies that the ATO may hold; and
- Assist and better inform members of all their Superannuation interests.

By providing your consent to use your TFN for this purpose, we will access this facility and provide you with all the applicable information on your Superannuation arrangements by either email or letter. Please note that your consent will be ongoing until it is revoked by you.

By ticking this box, I agree to Hostplus using my TFN to access the ATO Super Match system and acknowledge that this consent is ongoing until I revoke it with the fund. Please sign the declaration at Step 9.

## 4 Your insurance cover details.

As a Personal Super Plan member of Hostplus you will be provided with default Death and TPD insurance cover\* up to \$100,000 subject to the following:

60 years of age and under	You will be provided with \$100,000 fixed death and TPD cover.
61 to 64 years of age	If you are aged between 61 and 64 years of age you will be provided with \$100,000 of fixed death and TPD cover. Your TPD cover reduces by 20% each year to age 65. Refer to <a href="http://hostplus.com.au">hostplus.com.au</a> to find out more.

The fixed benefit cover is subject to a Pre-existing restrictions exclusion. The cover is effective from the date your membership commences.

I wish to cancel my automatic insurance cover.

## 4.1 Occupational rating.

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

### Management/Clerical (white collar) scale

- i) Are you employed for at least 15 hours per week on an ongoing basis?  Yes  No
- ii) Do you work in an office or similar environment?  Yes  No
- iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week.  Yes  No
- iv) Do you work in any of the following occupations?
- Management  Clerical  Marketing  Administration  Accounting

### Standard scale

Please select your occupation:

- |   |   |
|---|---|
| <input type="checkbox"/> Home Duties  | <input type="checkbox"/> Hospitality Worker*                            |
| <input type="checkbox"/> Wait Staff/Waitress/Waiter*                                    | <input type="checkbox"/> Shop Assistant/Retail Assistant                |
| <input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant*                    | <input type="checkbox"/> Casino Worker/Dealer/Croupier/Gaming Attendant |
| <input type="checkbox"/> Chef/ Apprentice Chef/Cook                                     | <input type="checkbox"/> Sales Assistant/Attendant/Consultant           |
| <input type="checkbox"/> Room Attendant/House Keeper/<br>Guest Service Agent/Attendant* | <input type="checkbox"/> Bottleshop Attendant*                          |
| <input type="checkbox"/> Food and Beverage Attendant*                                   | <input type="checkbox"/> Barista*                                       |

### Heavy blue collar scale

Please select your occupation:

- |   |   |
|---|---|
| <input type="checkbox"/> Kitchen Hand/Crew                | <input type="checkbox"/> Ski/Snowboard/Snow sports instructor |
| <input type="checkbox"/> Cleaner (Commercial)             | <input type="checkbox"/> Fruit picker/Vineyard worker**       |
| <input type="checkbox"/> Cellar Hand                      | <input type="checkbox"/> Gardener/Landscaper                  |
| <input type="checkbox"/> Security Officer/Guard (unarmed) | <input type="checkbox"/> Farmer/Farm Labourer                 |
| <input type="checkbox"/> Store Person                     | <input type="checkbox"/> Labourer                             |

\* These occupations have a combination of two 'Collar' type ratings: Death and TPD = Standard, Group Salary Continuance = Heavy blue collar.

\*\* Please note that you are only eligible for Death and TPD cover.

^ You are not eligible for the management scales, please provide your occupation below to be assessed.

If your occupation is not listed above, please specify your occupation and you will be assessed accordingly:

Occupation\*

**i** If no selection is made you will automatically default to the 'Standard heavy blue collar scale'.

## 5 Nominate your preferred beneficiaries.

Please nominate who you would prefer your benefits to be paid to in the case of your death.

1	Given name*	Middle initial/s
	<input type="text"/>	<input type="text"/>
	Surname*	<input type="text"/>
	Nature of dependency (spouse, child, etc.) *	Share %*
	<input type="text"/>	<input type="text"/> %
2	Given name*	Middle initial/s
	<input type="text"/>	<input type="text"/>
	Surname*	<input type="text"/>
	Nature of dependency (spouse, child, etc.) *	Share %*
	<input type="text"/>	<input type="text"/> %
3	Given name*	Middle initial/s
	<input type="text"/>	<input type="text"/>
	Surname*	<input type="text"/>
	Nature of dependency (spouse, child, etc.) *	Share %*
	<input type="text"/>	<input type="text"/> %
4	Given name*	Middle initial/s
	<input type="text"/>	<input type="text"/>
	Surname*	<input type="text"/>
	Nature of dependency (spouse, child, etc.) *	Share %*
	<input type="text"/>	<input type="text"/> %
		Total <input type="text"/> <input type="text"/> <input type="text"/> %
		<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 %

You can nominate more than four beneficiaries by attaching extra names to this form. You are able to nominate dependants (spouse, child, financial dependant, interdependent) or your legal personal representative who you would prefer to receive your superannuation benefits in the event of your death. Under the Hostplus trust deed the trustee decides who receives your death benefit. However, the trustee will consider your nomination and other information on dependants obtained when any claim is lodged. It is your responsibility to inform your beneficiaries that you have provided Hostplus with their personal information. You should refer them to the Hostplus privacy policy at [www.hostplus.com.au/privacy](http://www.hostplus.com.au/privacy)

### Binding death nominations

A binding death benefit nomination provides you with greater certainty about who will receive your benefit in the event of your death. In general, a binding nomination legally binds (instructs) the Hostplus trustee to pay your death benefit to the person(s) nominated as your beneficiary(ies). If you would like more information on binding death benefit nominations please refer to please refer to the Binding death benefit nominations brochure at [hostplus.com.au](http://hostplus.com.au)

## 6 Transferring other super accounts into Hostplus.

If you have any other superannuation accounts, you may be paying two or more sets of administration fees. By transferring your other super accounts into Hostplus you avoid paying multiple sets of fees.

If you wish to transfer your other superannuation into your Hostplus account, and save on fees, simply complete the Request to transfer your entire account balance into Hostplus form attached in the forms booklet. Hostplus will not charge you to transfer your other superannuation into Hostplus. You can also transfer your other superannuation benefits into Hostplus using our online rollover tool available at [hostplus.com.au](http://hostplus.com.au)

## 7 Topping up your super.

You can also top up your superannuation with personal contributions. Your savings will benefit from compound interest and add to your retirement benefit. You can also make personal contributions through:

Direct Debit – the authority form is available at [hostplus.com.au](http://hostplus.com.au)

- BPAY® via Hostplus online account (Your PIN is sent with your welcome letter)
- Your employer can may contributions on your behalf.

## 8 Provide your employer's details (if applicable).

Your employer's Hostplus account number\*

Your employer's ABN\*

Your employer's trading name\*

Your employer can provide you with their Hostplus account number and trading name

Your employer's telephone number

Date commenced with employer\*

the date when you started with your current employer tells us when we should expect superannuation payments for you.

## 9 Your duty of disclosure.

**i** Hostplus has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

### Your duty of disclosure

Before you enter into a contract of insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know or could reasonably be expected to know is relevant to the Insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

This duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer
- that is common knowledge
- that the Insurer knows or, in the ordinary course of his/her business, ought to know, and
- as to which compliance is waived by the Insurer.

The duty of disclosure continues until the insurer accepts (or declines) your application and issues confirmation in writing. Please ensure that all applicable questions are fully answered.

### Non-Disclosure

If you fail to comply with this Duty of Disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within 3 years of entering into it. For applications accepted from 28 June 2014 onwards, the insurer can exercise the right to avoid the contract even if it would have provided you with cover on different terms.

If the non-disclosure is fraudulent, the Insurer may avoid the contract at any time.

An Insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

The Insurer have the same rights if you make a misrepresentation to it.

The insurer is required to treat some policies as comprising 2 or more separate contracts of life insurance and elect whether to apply its rights to each contract separately. For example, TPD and income protection benefits may be treated as separate contracts. Additionally, default cover and any additional cover will also be treated separately.

### Additional rights from 28 June 2014

For all cover except death cover received by members from 28 June 2014, the insurer has the following additional rights if you fail to comply with your duty of disclosure or make a misrepresentation to us:

- Elect to reduce the sum insured according to a formula prescribed by the law at any time;
- If we have not avoided the contract or varied the sum insured, we can vary the contract in a way that places us in the same position we would have been if the non-disclosure or misrepresentation had not occurred.

The insurer also has these additional rights for policies issued before 28 June 2014 if it agrees to:

- increase the sum insured, or
- provide additional kinds of insurance cover.

### Your Privacy

Hostplus is seeking to collect personal information from you today so that it may set up a superannuation account for you as well as administer this superannuation account on an ongoing basis. The personal information we are seeking to collect from you is your name, address, date of birth, Tax File Number (TFN), contact details, occupation and employer, personal health information and your dependants.

We need to collect the requested personal information from you for the following purposes:

- To establish and manage your superannuation account.
- To implement your investment choices.
- To establish and maintain your insurance protection.
- To process contributions, transfer monies or pay superannuation benefits to you.
- To report the investment performance of your account to you.
- To keep you up to date about other products and services available to you as a member of Hostplus (which may include direct marketing communications).

The Hostplus privacy policy is available on the Hostplus website at [hostplus.com.au/privacy](http://hostplus.com.au/privacy) and includes information about overseas disclosure of personal information, how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. You can access the MetLife privacy policy available at [www.metlife.com.au/privacy/index.html/index.html](http://www.metlife.com.au/privacy/index.html/index.html)

Hostplus usually discloses your personal information to our administrator Superpartners, mail houses, our insurer Metlife Ltd and the ATO. Superpartners may disclose your personal information to overseas recipients. Please see the Superpartners Privacy Policy at [www.superpartners.com.au](http://www.superpartners.com.au) for further information.

**Declarations**

I, whose signature appears below, declare that:

**General – relating to your Hostplus account**

- I have read and understood the current Hostplus Member Guide (Product Disclosure Statement) and the associated reference material available at [hostplus.com.au](http://hostplus.com.au)
- I agree to be bound by the terms of the Hostplus trust deed upon joining Hostplus.
- I acknowledge that neither the trustee nor any of its officers or directors guarantees the performance or the repayment of capital of my Hostplus account.
- I declare that all details given in this application form are accurate and complete and that I have the power to invest in Hostplus.
- I undertake to provide the trustee with any further information it may request relating to my Hostplus membership and I will update the trustee if any of the information provided changes.

**Privacy declarations**

- I have read and understood the privacy policy of Hostplus and its suppliers.
- I consent to allowing Hostplus to contact my employer/s to confirm my hours of work (if required).
- I consent to receiving information on new products, special offers and promotions from Hostplus, Hostplus industry parties and associations (direct marketing) unless advised otherwise by me.

**Insurance declarations – please read “Your duty of disclosure” before signing**

- I understand that I can only apply to increase my insurance cover once under the special offer as detailed in the Hostplus Member Guide PDS and that Hostplus will process the first application it receives from me (whether by post or electronically).
- I understand my Duty of Disclosure and the effect of Non-disclosure under the Insurance Contracts Act 1984 (as described in this form). I understand that I must advise MetLife Insurance Limited (Metlife) of any changes in my health from now until I am notified in writing that my application has been accepted.
- I have answered all questions in this application truthfully and correctly (to the best of my knowledge), and have disclosed everything I know that could affect Metlife’s decision to accept my application.
- I understand that if my application is accepted, insurance cover will be provided to me on the terms contained in Hostplus’ insurance policy as changed from time to time.
- I acknowledge that if I do not complete this form correctly and/or I do not sign and date this form, my application will not be considered by Metlife.
- I understand that my insurance cover will not become effective until my employer has made an on-time superannuation guarantee contribution into my Hostplus account and that account has adequate funds to meet the premium payable. I understand that increases or changes to insurance premiums may apply.

Signature of applicant\*



Date\*

--	--	--	--	--	--	--	--	--	--



Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature.

It is important that you answer all questions on this form. Membership cannot be approved unless this form is signed and dated.

In confidence when completed.



When you have completed this form please send it to: Hostplus, Locked Bag 3, Carlton South VIC 3053

or give it to your employer to send with their next contribution to the fund. You will be sent a Hostplus membership card, along with any other information you have requested on the form.

# Choosing a super fund.

## A guide for employers & employees

September 2015

### Do you need to complete this form?

#### Employers

You must complete this form if you are an employer and:

- you hire a new employee who is eligible to choose a super fund
- an existing eligible employee asks you for a form
- you cannot contribute to an employee's chosen super fund or it is no longer a complying fund, or
- you change your employer nominated super fund (for the employees affected by this change of fund).

#### Employees

You may complete this form if you are an employee who is eligible to choose a super fund and you choose a fund that is different to your employer's nominated fund.

- 
- i** The terms 'super fund', 'superannuation fund' and 'fund' also refer to a retirement savings account. A retirement savings account can be chosen as a super fund by an employer or employee.
- 

### Before you complete this form

Before you complete your Standard choice form, you should read Super Decisions. This document has been prepared by the Australian Securities and Investments Commission (ASIC) to help you understand more about super and make better super decisions. To obtain a copy:

- visit [www.moneysmart.gov.au](http://www.moneysmart.gov.au)
- phone 1300 300 630.

For more information about choosing a super fund:

- visit [www.ato.gov.au](http://www.ato.gov.au) or
- phone the ATO on 13 10 20 between 8.00am and 6.00pm Monday to Friday, to speak to a tax officer.

- 
- i** Do not seek financial advice from your employer unless they are licensed to provide it. You can choose a different fund later if you like.

You only need to complete 'Section A' if you are choosing a fund that is different to your employer's nominated fund (also known as their default fund). You do not need to return this form to your employer if you want to continue to stay with their default fund.

---

### Section A: Employees

If you are an employee and you are eligible to choose a super fund, your employer must give you this form after they have completed 'Section B'.

#### Question 1: Choice of superannuation fund

Complete this question by placing an 'X' in one of the boxes.

##### Option 1: You can stay with your employer's super fund

If you don't make a choice, your employer's super contributions will be paid into a fund chosen by your employer. You do not need to complete 'Section A' for this option.

Your employer is not liable for the performance of the super fund you choose or the employer fund they choose on your behalf.

##### Option 2: Choose your own super fund

You can choose the super fund you want your employer super contributions paid to. You need to complete 'Section A' for this option.

---

- i** Any money you have in existing funds will remain there unless you arrange to transfer it (or roll it over) to another fund. Check the impact of any exit fees, or benefits you may lose, before leaving the fund. Your employer cannot do this for you.
- 

- i** Your employer is only required to accept one Standard choice form from you every 12 months.
- 

- !!!** If you chose this option, go to 'Question 2'.
-

### Question 2: Your details

Provide your personal details.

If you quote your tax file number (TFN) to your employer for super purposes, they must provide it to the super fund they pay your super to.

Providing your TFN means:

- your super fund will, subject to its rules, be able to accept all contributions for you
- the tax on contributions your fund receives for you will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your super benefits, and it is easier to keep track of different super accounts in your name so you receive all your super when you retire.

---

 You are not legally required to quote your TFN but if you do not quote it your contributions may be taxed at a higher rate.

---

### Question 3: Details of my chosen superannuation fund

Provide the details of your chosen super fund.

### Question 4: Appropriate documentation

Complete by placing an 'X' in the box and including a copy of the appropriate documentation listed in the Standard choice form.

---

 Your employer does not have to accept your choice of fund if you have not provided the appropriate documents.

---

 If you have completed 'Section A', return this form to your employer and keep a copy for your own records. Do not send a copy of this form to us or the Australian Taxation Office (ATO).

---

## Section B: Employers

You must complete 'Section B' of the form before you give the form to your eligible employee.

### Question 5: Your details

Provide your details.

### Question 6: Your employer nominated superannuation fund

Provide details of your employer nominated super fund.

---

 If your employer nominated fund has not changed, write 'NOT APPLICABLE' in the 'Fund's name' field.

---

 Give this form to your employee after you have completed 'Section B'. When your employee returns the completed form to you, do not send it to us or the ATO. You must keep a copy for your own records for five years.

---

 Make sure that you pay super contributions for your employees by the super guarantee cut-offs:

- 28 October
- 28 January
- 28 April
- 28 July.

This applies whether an employee completes this form or not.

Where an employee chooses a fund, any contributions you make in the two months after receiving the form can be made to either your employer nominated super fund (your default fund) or the employee's new chosen fund. Contributions after the two month period must be made to the employee's new chosen super fund.

October 2014

**To whom it may concern,**

The Hostplus Superannuation Fund (Fund) is a complying, resident, regulated superannuation fund under the Superannuation Industry (Supervision) Act 1993 (SIS Act) and is constituted under a trust deed dated 8 February 1988. The trustee of the Fund is Host-Plus Pty Limited ABN 79 008 634 704 (trustee).

In the event that the Fund's complying status is revoked, the trustee would receive notice to that effect under section 40 of the SIS Act. This would mean the Fund could not receive any further contributions to it. The trustee confirms that it has not received nor does it expect to receive any such notice.

Fund details	
Fund name	Hostplus Superannuation Fund
Australian Business Number (ABN)	68 657 495 890
Superannuation Product Identification Number (SPIN)	HOS 0100AU
Unique superannuation identifier	HOS0100AU
Fund contact details	Level 9 114 William Street Melbourne VIC 3000  Telephone: 1300 467 875 Facsimile: 1800 467 875 Website: hostplus.com.au

The Fund is able to accept contributions from employers on behalf of their employees.

Yours faithfully,



David Elia  
Chief Executive Officer

For and on behalf of the trustee  
Host-Plus Pty Limited



**Mail** Locked Bag 3, Carlton South VIC 3053  
**Phone** 1300 467 875  
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