



# Application & Change Form

## for Accumulation members

### Please complete this form if you:

- Want to JOIN the Incitec Pivot Employees Superannuation Fund ("IPE Super"), or
- Are an existing Accumulation member and want to CHANGE one or more of your super choices, or
- Are an existing Defined Benefit member and you have agreed to TRANSFER YOUR DEFINED BENEFIT to IPE Super's Accumulation section. (Note: If so, you should also complete a *Defined Benefit to Accumulation Transfer Form*, which can be obtained by calling the IPE Super Helpline on 1800 257 135.)

Tell us what you want to do by ticking the appropriate box below:

- I want to apply for membership of IPE Super.
- I'm an existing Accumulation member and want to change one or more of my super choices.
- I'm an existing Defined Benefit member and want to transfer my defined benefit to IPE Super's Accumulation section.

### How to complete this form:

- If you are applying to join IPE Super, complete **all parts** of this form.
- If you are an existing Accumulation member and want to change your super choices, you must complete **Parts A and E** together with:  
**Part B** to change your investment choice,  
**Part C** to change your insurance choice, and/or  
**Part D** to change your choices for your voluntary contributions.
- If you are an existing Defined Benefit member and want to transfer your defined benefit to the Accumulation section, complete **all parts** of this form.

(Note: If you wish to make a nomination for your death benefit or change your existing nomination, you should complete a *Death Benefit Nomination Form*, which is available from [www.ipesuper.com.au](http://www.ipesuper.com.au).)

When you have completed and signed your form, return it to the Fund Administrator (see back page for contact details).

## PART A Personal details (please print)

Title (please tick):  Dr  Mr  Ms  Mrs  Miss

Membership no.:

(Existing members only)

Given name:

Surname:

Home address:

  

Telephone:

(Business hours)

 ( )

Date of birth:

 / /

Email address:

### Providing your email address

The Trustee may decide to provide information about IPE Super or your benefits electronically in the future. This might include Product Disclosure Statements, Benefit Statements, Exit Statements, Annual Reports, newsletters or information on material changes to your super or significant events. If you'd like to receive information electronically where available, please provide your email address.



## PART B Your investment choice

### How do you want your super to be invested?

Choice 1 – Choose from the “pre-packaged” options

OR

Choice 2 – Design your own investment option

- Conservative
- Active Balanced\*
- Assertive
- Assertive Plus

Conservative	<input type="text"/>	%
Active Balanced*	<input type="text"/>	%
Assertive	<input type="text"/>	%
Assertive Plus	<input type="text"/>	%
Cash	<input type="text"/>	%
Diversified Fixed Interest	<input type="text"/>	%
International Shares	<input type="text"/>	%
Australian Shares	<input type="text"/>	%
<b>Total</b>	<input type="text"/>	<b>100%</b>

\* The Active Balanced option is also the option for MySuper members.

For information about each investment option, read *IPE Super's Investment Guide*.

## PART C Your insurance choice

### Death and total and permanent disablement cover<sup>#</sup>

As a permanent employee of IPL, and a member of IPE Super, if you were to die or become totally and permanently disabled, your benefit would be calculated as the sum of your IPE Super account, plus an insured amount that is equal to:

**a percentage (as chosen by you – see below) x your future service to age 65 x your annual super salary**

### What level of death and total and permanent disablement cover do you want?

I wish to apply for the following insurance cover for my death and disablement benefits:

Please tick ONE box below.

- 5%     10%     15% (default option)     20%\*

\* Your request for the 20% rate must be made within 90 days of your commencement of employment with IPL to be granted under the insurer's Automatic Acceptance terms. If you are not at work in your usual occupation on the day you join IPE Super, then your cover will not commence until you have returned to your usual occupation for 30 consecutive days.

**If you are a current member of IPE Super and you are applying to increase your cover**, you will need to complete the insurer's Application for Insurance and may need to undergo further medical examinations. Your increased cover will only take effect from the date it is accepted by the insurer.

**If you need more cover**, and selected the 20% rate, you may apply to purchase additional insurance cover. This additional cover is purchased in multiples of \$10,000. You will need to complete the *Application for Additional Voluntary Insurance* which includes the insurer's form. Your eligibility to purchase this additional cover is subject to approval by the insurer and further proof of good health may be required.

<sup>#</sup> Note: Cover for death and total and permanent disablement (TPD) is available only to permanent employees who work at least 15 hours each week. TPD cover is not available to casual employees.

### Do you wish to purchase income protection insurance\*?

- Yes     No

If you selected “yes”, you will need to complete an *Application for Income Protection Insurance* which includes the insurer's form. Your application will then be assessed by the insurer, and your insurance cover will only start once it has been accepted by the insurer.

\* Note: Optional income protection insurance is available only to permanent employees who work at least 15 hours each week.

Forms are available at [www.ipesuper.com.au](http://www.ipesuper.com.au) or by calling the IPE Super Helpline on **1800 257 135**.

## PART D Your voluntary contribution choices

Tick ONE of the boxes below to tell us if you would like to **MAKE** voluntary contributions to your super, **CHANGE** the amount of your existing voluntary contributions or **CEASE** making voluntary contributions altogether.

Remember, you can vary the amount of your contributions at any time. If you wish to make spouse contributions, please complete an *IPE Super Spouse Form*, available at [www.ipesuper.com.au](http://www.ipesuper.com.au).

Please tick ONE box below.

- I wish to **MAKE** voluntary contributions to IPE Super.
- I wish to **CHANGE** the amount of voluntary contributions I currently make to IPE Super.
- I wish to **CEASE** making voluntary contributions to IPE Super.

If you ticked either of the first two boxes, please tell us how much you wish to contribute and whether you wish for your contributions to be deducted from your before-tax\* or after-tax salary.

- I wish to contribute  % of my salary **OR** \$  each pay period.
- I wish to make my contributions from my (please tick ONE box only):
- Before-tax salary\* **OR**  After-tax salary

\* Before-tax contributions are subject to Company approval.

## PART E Declaration

- I agree to be bound by the terms and conditions contained in the Trust Deed and Rules governing the Incitec Pivot Employees Superannuation Fund ("IPE Super").
- I have received and understood the Product Disclosure Statement (PDS) for IPE Super for my category of membership.
- I understand that all of my super will be invested in the investment option(s) of my choice. If I am applying to join IPE Super and do not make an investment selection, my super will be invested in the Active Balanced option, which is the option for MySuper members.
- If I do not make an insurance choice and I am a permanent employee eligible for insurance cover, my death and total and permanent disablement cover will be at the 15% level.
- I understand that any application for additional voluntary insurance cover or income protection cover, including increases in insurance cover, will be subject to acceptance and any terms and conditions imposed by IPE Super's insurer. I understand that I will be required to provide medical and other evidence as requested by the insurer to support my application, and that all insurance is subject to the conditions in the Fund's insurance policies.
- If I have provided my email address on page 1, I agree that the Trustee may use that email address to send me information as set out on page 1 electronically.
- I acknowledge that I have received and understood the summary of the *Privacy Policy* for IPE Super as set out in the PDS. I agree to the use and disclosure of my personal information as disclosed therein.
- I declare that the information that I have provided on this form is true to the best of my knowledge and belief.

Signature

Date

**Return your completed form to:**

**The Fund Administrator  
IPE Super  
PO Box 1442  
Parramatta NSW 2124**