



IPE Super Spouse Form

To establish your new Spouse membership in IPE Super, please carefully read and complete the appropriate sections on this form. You must complete **Part B** of this form and **your partner (IPL employee)** must complete **Part A**.

Before you complete the sections below, please indicate whether you are **MAKING A NEW APPLICATION** or **CHANGING YOUR PREVIOUS DETAILS**, by ticking the appropriate box:

This is a new application.

OR

I wish to change my details.

(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)

PART A Your partner's details

Partner (IPL employee) to complete – please use BLOCK letters

Title: (please tick) Dr Mr Ms Mrs Miss

Date of birth:

Given name:

Surname:

Declaration

- I understand that I can make after-tax contributions for my spouse by cheque or via my internet banking Pay Anyone facility at any time and that my contributions will be paid into a separate spouse account on behalf of my partner.
- I confirm that I have read the Product Disclosure Statement for Spouse members from the Incitec Pivot Employees Superannuation Fund.
- I confirm that I am living with my partner. I will let the Trustee know if this changes.
- I have read and understood the summary of the *Privacy Policy* for the Fund as set out in the PDS and I consent to the use and disclosure of my personal information as set out in the Policy.

Partner's signature:

Date:

PART B Your details and preferences

Spouse member to complete – please use BLOCK letters

Title (please tick): Dr Mr Ms Mrs Miss

Given name:

Surname:

Home address:

Telephone: ()

Date of birth: / /

Email:

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.

Tax File Number (TFN):

Under the Superannuation Industry (Supervision) Act 1993, the Trustee is authorised to collect, use and disclose your TFN. The Trustee may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the Trustee in writing that your TFN not be disclosed to any other superannuation provider. It is not an offence not to quote your TFN. However, giving your TFN will have the following advantages:

- Your superannuation fund will be able to accept all permitted types of contributions to your account,
- Other than the tax that may ordinarily apply, you will not pay more tax than you need to – this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits, and
- It will make it much easier to find different super accounts in your name so that you receive all your super benefits when you retire.

1. Member Investment Choice

Please read *IPE Super's Investment Guide*, then complete this section to choose how you would like to invest the amount in your spouse account.

Please invest the amount in my spouse account in the following investment option(s):

Choice 1 – Choose one of the “pre-packaged” options

OR

Choice 2 – Design your own investment option

- Conservative
- Active Balanced*
- Assertive
- Assertive Plus

	(Must total 100%)
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"/> %
Total	100%

* This is also the investment option for MySuper members.

I understand that:

- If I do not choose an investment option, or
- If I make a selection that does not total 100%,

my investment choice will be invalid and the amount in my spouse account will be invested automatically in the Active Balanced option, which is also the option for MySuper members.

2. Life insurance cover

Please tick ONE box below.

No, I do not wish to apply for life insurance cover.

Yes, I wish to apply for life insurance cover.

If you selected “yes” above, please tell us how much cover you wish to apply for.

I wish to apply for \$ of life insurance cover.

I understand that:

- My application for life insurance cover is subject to any restrictions or conditions imposed by the Trustee and the Fund’s insurer. In particular, the cover is dependent on me providing evidence of good health that is acceptable to the insurer.
- I must provide the information requested by the insurer or my application cannot proceed.
- Insurance cover will not take effect until the Trustee and insurer approve my application.
- All insurance is subject to the conditions in the Fund’s insurance policies.
- The Fund Administrator will deduct the insurance fees from my account as required.

Remember, if you apply for life insurance cover, you will be required to complete a personal health questionnaire for the Fund’s insurer. The questionnaire will be sent to you once your *IPE Super Spouse Form* has been received by the Fund Administrator.

3. Your declaration

I confirm that:

- I agree to be bound by the Trust Deed and Rules of the Incitec Pivot Employees Superannuation Fund.
- I have received and understood the Product Disclosure Statement for Spouse members from the Incitec Pivot Employees Superannuation Fund.
- I am living together with my partner. I will let the Trustee know if this changes.
- If I have provided my email address on page 2, I agree that the Trustee may use that email address to send me information as set out on page 2 electronically.
- I have received and understood the summary of the *Privacy Policy* for IPE Super contained in the PDS and I consent to the use and disclosure of my personal information as set out in the Policy.

I hereby apply to be a member of the Spouse section of IPE Super. I confirm that the information in this form is true to the best of my knowledge and belief.

Spouse member’s signature:

Date:

Please return the completed form to:

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