

If you have more than 2 new members to advise, please photocopy this form

Employer No:

MEMBER LISTING

NEW MEMBER

Mr/Mrs/Ms/Miss Members surname

Member's given name Date of Birth

Street number/PO Box Street name

Suburb/Town/City State Postcode

Existing fund member number * Tax File Number Date Joined Employer #Weeks

Award / SG / EBA

Employer Extra / Salary Sacrifice

Member

Total

NEW MEMBER

Mr/Mrs/Ms/Miss Members surname

Member's given name Date of Birth

Street number/PO Box Street name

Suburb/Town/City State Postcode

Existing fund member number * Tax File Number Date Joined Employer #Weeks

Award / SG / EBA

Employer Extra / Salary Sacrifice

Member

Total

ADDRESS CHANGES

1 Members surname Member's given name Member number

New address State Postcode

2 Members surname Member's given name Member number

New address State Postcode

Please indicate if you require further supplies of Member Application forms.

Quantity

*You must provide your employees' Tax File Number where this has been given to you for superannuation purposes within 14 days or with the next contribution.