

**IOOF Portfolio Service Employer Superannuation Product Disclosure Statement**

Dated 1 July 2007

SPIN IOF0056AU IOOF Portfolio Service Employer Superannuation

# Member registration form



This form must be signed on each page which contains entries. If there are more than 5 employees, please use photocopies of this form and provide original signatures.

**Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.**

Employer name	Employer Number (if known)		Employer Fund name	
	ABN		Member	
Title (Dr/Mr/Mrs/Ms/Miss)	Member		Member	
Surname	Member		Member	
Given name(s)	Member		Member	
Date of birth	/ /	Sex	/ /	Sex
Mailing address	Member		Member	
Suburb	P/code		P/code	
Phone (ah, bh or mobile)	Member		Member	
Tax File Number <sup>†</sup>	Member		Member	
Date joined employer	/ /		/ /	
Category title (e.g. Management)	Member		Member	
Occupation	Member		Member	
Work status*	Permanent <input type="checkbox"/>	Part time <15 hours <input type="checkbox"/>	Casual & Contract <input type="checkbox"/>	
Annual salary	\$		\$	

**DECLARATION**

I, the undersigned, declare that all the employees listed above:  
 • are eligible to join IOOF Portfolio Service Employer Superannuation on the dates specified;  
 • were actively At Work on those dates competently performing all the essential duties of their usual occupation without restriction, or were on approved leave other than leave which is taken for reasons related to injury or sickness<sup>‡</sup>; and  
 • are nominated to become members of the Employer Fund under and subject to the conditions of the Trust Deed and the rules of the Employer Fund, and to the best of my knowledge, the above details are true and correct.

**Authorised Officer**

Full name \_\_\_\_\_  
 Position \_\_\_\_\_

**Authorised Signature**

\_\_\_\_\_ X \_\_\_\_\_

Date   /   /

\* You MUST complete the At Work Certificate (Form D).

† Permanent employees are Full Time or Part Time who work 15 or more hours per week.

‡ You are required to provide your employees' Tax File Numbers (TFNs) where they have completed a TFN Declaration form on or after 1 July 2007. This will need to be either with the next contribution or within 14 days of receiving the employees' TFN Declaration. When contributing for existing employees, you must advise their TFN if they have already provided you with permission to do so prior to 1 July 2007.