



12 October 2023

New Member Notification

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and boxes where provided.

Step 1: Employer details

Employer/company name

Employer code

Step 2: Member details

New member 1 details

Member status New member Existing member Account number

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Tax file number* - -

Residential address

Suburb State Postcode

Mailing address (if different from above)

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email

Date of birth / / Gender Male Female

Occupation

Employment status Permanent Casual If casual, number of hours worked per week

Date commenced work / / Current salary \$

At work** Yes No Has the member received the Product Disclosure Statement? Yes No

Reason member was not at work on commencing employment

*** Important information on providing Tax File Numbers (TFNs)**

Under superannuation law, we are authorised to request members' TFNs which will only be used for lawful purposes (e.g., opening and managing member accounts, locating super benefits in our records or calculating tax on benefits). It is not an offence if a member chooses not to provide their TFN but providing it has advantages including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, the member will not pay more tax than they need to, and
- it will be easier to find different super accounts in the member's name.

If an employee has provided you with their TFN for superannuation purposes, you must disclose their TFN to us within 14 days. The ATO may impose penalties on you if your employee has provided you with their TFN but you have not passed it on to us.

** By placing a in the Yes box, I declare that the employee was at work on the date of commencing employment. If the employee is on normal annual leave, public holiday or over a weekend, answer as being at work. If the employee was not at work, please indicate the reason in the space provided.

Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Occupation	<input type="text"/>			
Employment status	<input type="checkbox"/> Permanent	<input type="checkbox"/> Casual	If casual, number of hours worked per week	<input type="text"/>
Date commenced work	<input type="text"/> / <input type="text"/> / <input type="text"/>	Current salary \$	<input type="text"/>	
At work**	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the member received the Product Disclosure Statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason member was not at work on commencing employment	<input type="text"/>			

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New member 4 details

Member status	<input type="checkbox"/> New member	<input type="checkbox"/> Existing member	Account number	<input type="text"/>	
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>		
Given name(s)	<input type="text"/>				
Tax file number*	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>		
Mobile	<input type="text"/>				
Email	<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Occupation	<input type="text"/>				
Employment status	<input type="checkbox"/> Permanent	<input type="checkbox"/> Casual	If casual, number of hours worked per week	<input type="text"/>	
Date commenced work	<input type="text"/> / <input type="text"/> / <input type="text"/>	Current salary \$	<input type="text"/>		
At work**	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the member received the Product Disclosure Statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason member was not at work on commencing employment	<input type="text"/>				

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Step 3: Authorised signature

A Binding Death Benefit Nomination or Non-Binding Death Benefit Nomination may be completed by individual employees. Where a nomination is not received, the beneficiary will default to the legal personal representative on behalf of the estate.

An investment strategy may be nominated by individual employees by completing the IOOF Employer Super – New Member Form. Where an individual strategy is not nominated, cashflow will be invested in the IOOF Employer Super MySuper default investment strategy, IOOF Balanced Investor Trust.

These forms can be accessed via our website or by contacting ClientFirst..

Full name	<input type="text"/>		
Contact phone number	<input type="text"/>		
Authorised signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060
Email clientfirst@ioof.com.au
Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118
Email enquiries clientfirst@ioof.com.au