

Step 2 – Your employment details

Full Name of your Employer

ABN

Payroll/Employee Number

Date you commenced employment

Employer Contact Details

Contact name

Address

Suburb

State

Postcode

Telephone

Email

Step 3 – Choose your investment options

You can choose one or more investment options. Please ensure the total adds to 100% otherwise the default investment option will apply until it's corrected.

If you don't make a selection you'll automatically be invested in the default investment option which is the Balanced option.

I'd like to invest in the following investment option(s):

Percentage to be invested

Managed Choice Options

Aggressive	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Moderately Aggressive	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Balanced (MySuper product)	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Conservative Balanced	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Moderately Conservative	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Conservative	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
RetirePlus	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
RetireStable	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Build Your Own Options

Australian Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Overseas Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Diversified Fixed Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

TOTAL

1 0 0 %



Step 4 – Your Insurance Cover

Catholic Super offers a range of affordable Death, Total and Permanent Disablement (TPD) and Income Protection (IP) insurance cover options. If you are eligible for default insurance cover you will automatically receive our default cover and the premiums will be paid from your super account.

Refer to the information in the Insurance guide available at www.csf.com.au/super-pds.

Part A – Remove Limited Cover

Any default cover provided will be Limited Cover, which means you are only covered for any new illnesses or injuries that occur after your insurance commences. You can remove this Limited Cover by answering the below basic health questions.

1. Are you, at the date of this application, due to injury or illness, off work or restricted or unable to fully perform without limitation all of the duties of your current or usual occupation for at least 30 hours per week, even though your actual employment may be on a full-time, part-time or casual basis or you may be unemployed? Yes No
2. Have you, in the last 12 months been absent from work or unable to fully perform:
 - i) the duties of your usual occupation (whether employed or unemployed); or
 - ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties;due to illness or injury (other than cold or flu) for more than six days? Yes No
3. Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through a superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover? Yes No
4. Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 24 months from the date of this application? Yes No
5. Have you ever had an insurance application for death, total and permanent disablement, or income protection cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions? Yes No
6. Have you ever had, been told you had, or received advice or treatment for any of the following:

Any heart condition, heart murmur, stroke, or embolism?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hepatitis B or C, or any liver disease or blood disorder?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Epilepsy, Paralysis, multiple sclerosis or other brain or neurological condition?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Schizophrenia, psychosis or post-traumatic stress disorder?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diabetes or raised blood sugar levels?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any form of malignant cancer, including melanoma and leukaemia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Impairment of sight, hearing or speech (other than sight problems corrected by glasses, contact lenses or laser eye surgery)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HIV or AIDS or are you awaiting results of a HIV test?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Within the last 12 months have you:

Consulted, been examined, treated by or received advice from any Specialist Medical Practitioner, psychologist or psychiatrist; or	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Been admitted to hospital or been advised to have an operation; or	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Had medication prescribed by a medical practitioner that is intended to be used for three months or longer (other than preventative asthma medication or contraceptives)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Had back or neck pain or a mental health condition requiring time off work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8. Other than what you've already answered, do you intend seeking or have you been advised to seek medical advice or treatment for any current medical concern or are you awaiting the results of any medical tests or investigations? Yes No

If you answered 'No' to all questions, Limited Cover will be automatically removed from your account. You are eligible to apply for the Package Choice options in Part B.

If you answered 'Yes' to any of the questions, Limited Cover will remain on your account and you are not eligible to apply for the Package Choice options in Part B. You may still apply for additional insurance cover by completing the *Adjusting your Insurance Cover* form and providing evidence of your health on the *Member Personal Statement* which are both available on our website.

Continued over



Your Privacy

The Fund is administered by us along with our service provider, Mercer Outsourcing (Australia) Pty Ltd. We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on **1300 655 002**.

Our Privacy Policies are available to view at www.csf.com.au or you can obtain a copy by contacting us on **1300 655 002**.

If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies set out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1300 655 002** or write to the Catholic Super Privacy Officer, GPO BOX 4303, Melbourne, VIC 3001.

Step 7 – Declaration and signature

By signing this form I:

- have read and understood Catholic Super's Product Disclosure Statement, as currently available at www.csf.com.au/super-pds.
- have read Catholic Super's Privacy Policy. I understand and consent to my personal information being collected and used by Catholic Super in accordance with this statement.
- agree to be bound by the terms and conditions of the Trust Deed governing the Fund.
- Acknowledge the statements above, and the information that I have provided as part of this application, are true and complete to the best of my knowledge.

Signature

X

Date

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Please return your completed form to Catholic Super, GPO Box 4303, Melbourne, VIC 3001.

