

## Spouse member application



## **COMPLETE SHADED SECTIONS**

Please complete in **BLOCK LETTERS** using a **BLACK** or **BLUE** pen and ensure it is signed and dated. Use this form to establish a super account for the spouse of an existing HESTA for Mercy member.

IMPORTANT: Complete ALL	details. This is needed to val	idate your identity	and get in touch if v	ve have any	questions.
1. Your personal details					
Your first name		Your Surname			
Date of birth  BB / MM / MM  Email	Mobile or Daytime telephone		(Mr Mrs Ms Miss Dr)	Gender Male	Female
Residential address (must be provided	d - PO Box not acceptable)				
Suburb				State	Postcode
Postal Address (if different from above	e)				
Suburb				State	Postcode
2. Your spouse's details – must be a	a current HESTA for Mercy m	ember			
Member Number	Your name (First name and su	urname)			
Date of birth  DD / MM / YYYY	Mobile or daytime telephone				
Address (must be provided - PO Box n	ot accepted)				
Suburb				State	Postcode
Email					

Please continue over page

3. Your Tax File Number (TFN)  We're authorised under super law to collect, use and disclose you have to provide your TFN, but if we have it, we'll be able to acce contributions into your account, you won't pay more tax than you be easier to find your super. If you transfer your super to another them your TFN unless you tell us not to in writing.	pt all types of ou need to and it'll My TFN is:					
4. Your initial deposit						
Provide details of your initial contribution to your new HESTA for	Mercy account (must be a minimum of	f \$1,000)				
X Amount paid by you: \$						
Rollover/s from another super fund - Attach a completed Combine your super form.						
Contribution split from your spouse - Attach a completed						
Contribution spill from your spouse - Attach a completed	Contribution splitting form.					
5. Investment choice						
I would like my new account invested in the following option/s	Investment option	Percentage				
(please show percentages totalling 100%):	High Growth	%				
<b>Note:</b> Your investment choice will be applied to all future contributions. You can change your chosen investment options at any time.	Sustainable Growth	%				
options at any time.	Balanced Growth	%				
	Indexed Balanced Growth	%				
	Conservative	%				
	Australian Shares	%				
	International Shares	%				
	Property and Infrastructure	%				
	Diversified Bonds	%				
	Cash and Term Deposits	%				
	TOTAL	100%				
6. Your insurance cover options						
<b>Note:</b> Any insurance cover applied for is subject to the provision the Fund's insurer. Further information will be required to assess Statement and potentially other medical information or tests. W	your insurance cover application includ	ding completion of a Personal				
Apply for unitised Death and/or TPD Cover						
Complete this section to apply for units of Death and/or TPD Co	ver:					
<b>Death Cover</b> – I wish to have	nits of Death Cover					
<b>TPD Cover</b> – I wish to have	nits of TPD Cover					
Apply for fixed Death and/or TPD Cover						
Complete this section to apply for fixed Death and/or TPD Cove	r:					
<b>Death Cover</b> - I wish to have \$	in fixed Death Cover					

in fixed TPD Cover

**TPD Cover** – I wish to have \$

Please continue over page

Apply for Voluntary Income Protection cover				
Apply for Voluntary Income Protection cover				
Complete this section if you want to apply for Income Protection cover, including your amount of cover and/or your chosen benefit and waiting periods.				
Choose the benefit and waiting period for your Income Protection Cover:				
I wish to apply for Income Protection Cover with the following benefit period and waiting period:				
Benefit period (up to): 2 years Waiting period: X 30 days				
5 years X 60 days				
X Age 65 X 90 days				
Choose your amount of Income Protection Cover:				
I wish to apply for the following amount of Income Protection Cover: \$				
Note: The maximum amount of Income Protection benefit payable is 75% of your Pre-Disability Income for the 'up to 2 years' benefit period and 85% of your				
Pre-Disability Income for other benefit periods (with the first 75% of Pre-Disability Income paid as an income replacement benefit and any residual sum insured payable as a super contribution benefit up to a maximum of 10% of your Pre-Disability Income. Refer to the Insurance in your super guide available at HESTA for Mercy Product Disclosure Statements at hestaformercy.com.au/disclosures or by calling 1300 368 891 for details.				
For details of your insurance options, refer to the Insurance options guide available from the documents & forms section at <b>hestaformercy.com.au</b> . In considering your insurance needs you may wish to seek the advice of a licensed or appropriately authorised financial adviser				
You can also apply for insurance cover quickly and easily using the Insurance Portal at hestaformercy.com.au/insurance-portal				
7. Authorisation – read, sign and date				
HESTA recommends that, before you sign this application form, you read and understand the <i>Product Disclosure Statement</i> to which this application is attached and the <i>Insurance options guide</i> available at <b>hestaformercy.com.au/pds</b> or by calling 1300 368 891. If HESTA accepts your application for membership, your rights as a member will be determined by the Trust Deed governing HESTA available at <b>hestaformercy.com.au/disclosure</b> or by calling 1300 368 891.				
By signing this form:				
I hereby apply to become a member of HESTA for Mercy.				
<ul> <li>I have read and understood HESTA's Privacy Collection Statement which is available at hestaformercy.com.au/privacy or by calling 1300 368 891 and accept that the information on this form is true and correct to the best of my knowledge and belief. I consent to my personal information being collected and used by the Trustee for the ongoing administration of my membership by the fund administrator and other service providers.</li> </ul>				
Applicant's signature				
Date DD / MM / YYYY				
Existing member's signature				
Date DD / MM / YYYY				
Return your completed form				
Scan and email all requirements to <b>information@hestaformercy.com.au</b> or mail it to HESTA for Mercy, PO Box 8334, Woolloongabba QLD 4102				

## contact us

1300 368 891 | Email form to information@hestaformercy.com.au or mail to: PO Box 8334, Woolloongabba QLD 4102

or drop it off in person to Potter Building, Ground Floor, Mater South Brisbane campus