

Change of Details & Nomination of Dependents

This form should be used to change a member's personal details such as address, dependants or to advise their tax file number.

Membership number

Section 1 – Members Personal Details

Mr Mrs Ms Miss

Given names

Surname

Previous Surname

Please provide a copy of Marriage Certificate or Deed Poll Certificate as proof of name change.

Postal address

Postcode

Residential address

Postcode

Date of birth

Tax File number

I authorise MIESF to disclose my tax file number when required. I have read the section on tax file numbers in the Product Disclosure Statement and understand that I have the choice of supplying my tax file number. I further understand that the Trustee will only use my tax file number for the correct purposes.

Section 2 – Nomination of Dependant Details

In the event of the death of a member, the benefit provided is payable at the Trustee's discretion, to one or more of the member's dependants, or where no dependant exists, to the member's legal personal representative. You may nominate one or more dependants to whom you would prefer your benefit to be paid, alternatively you may wish to nominate your estate.

A. I have no dependants and request the Trustee to pay the benefit to my estate , OR

B. Full name of dependant Relationship to member Address % of benefit

Full name of dependant	Relationship to member	Address	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This nomination cancels any previous nomination made by me, and I understand that it is only an indication of my current wishes and is not binding on the Trustee of MIESF.

Section 3 – Declaration and Signature

Your signature below indicates you have read, understood and agree with the following statements:

- I understand that my personal information will be handled by the Fund to provide and manage my superannuation and without this information the Fund may not be able to provide my superannuation benefits and choices. For this purpose my personal information may pass between the Fund and the Fund's professional advisers, insurers, government bodies, my employer and other parties as required, including the trustee of any other fund I may transfer to. I may access my information by contacting the Fund's Privacy Officer.
- I agree that until I give clear and complete instructions to the Trustee, any benefit due to me upon leaving my employer will be held in the Fund.
- The information provided on this form is correct to the best of my knowledge and replaces any previous information I have provided.

Member's signature

Date

MIESF is an Industry Fund founded in April 1981 and is open to all workers providing that their employer is prepared to enter into a "Participating Employer" agreement with the Fund.



**MEAT INDUSTRY EMPLOYEES'
SUPERANNUATION FUND**

Member Investment Choice

1. Please complete this form to choose your investment options for your current account balance and your future contributions.
2. New members can make an investment choice effective from date of joining MIESF provided this fully completed form is received by the Fund within one month of the Fund receiving the first contribution. If this form is received later than that, the investment choice will apply from the next switch date. The switch dates are 31 January 2009 and thereafter are each 30 June and 31 December.
3. This form can be used to make an investment choice at any switch date. The fully completed form must be received by the Fund at least one week before the next switch date in order to take effect from that date.
4. If you switch investments other than as at 30 June, investment earnings will be credited or debited at the relevant interim earnings rate(s).

Section 1 – Your Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	MIESF Membership number	<input type="text"/>
Given names				Surname	<input type="text"/>
Postal address				Postcode	<input type="text"/>
Residential address				Postcode	<input type="text"/>
Date of birth				Phone number	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 -Your Investment Choice Decision

Please invest my account balance and future contributions as follows:
(Use whole percentages e.g. 22%, 78%, etc.)

High Growth Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Trustee Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Total	<input type="text" value="100"/>			%

Declaration and signature

Your signature below indicates you have read, understood and agree with this document.

I also acknowledge that:

1. I have read the Member Investment Choice section of the Product Disclosure Statement for Main section members dated 1 January 2009; and
2. I understand that I should seek advice from a licensed financial adviser if I need advice before making an investment choice; and
3. I understand that if I do not make an investment choice by completing this form correctly, 100% of my account balance and future contributions will be invested in the Trustee Option.

Member's signature

Date



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SUPERANNUATION FUND**