

# Spouse Application Form

PLEASE PRINT CLEARLY

Spouse number

## Section 1 – Spouse Details

Given names

Surname

Postal address



Postcode

Date of birth

     

Tax File number

         

I have read the information on the reverse of this form and authorise the Fund to disclose Tax file number my Tax File Number to the ATO when required.

Relationship to member

## Section 2 – Sponsoring Member Details

Membership number

Given names

Surname

Date of birth

     

## Section 3 – Nomination of Dependants

In the event of the death of the member, the account balance is payable at the Trustee's discretion, to one or more of the member's dependants, or 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. Additional Death cover is not available.

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

Full name of dependant	Relationship to you	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"/>

We confirm that our relationship falls within the guidelines as listed on page two and undertake to notify the Fund if our circumstances change.

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.

Member's signature

Date

     

Spouse's signature

Date

     


**MEAT INDUSTRY EMPLOYEES' SUPERANNUATION FUND**

Level 2, 62 Lygon Street, Carlton South VIC 3053 ABN 17 317 520 544