

# Join BUSSQ MySuper

Did you know you can join online? Simply go to [bussq.com.au](https://bussq.com.au).



## How to submit this form:

- ☐ Mail to: BUSSQ GPO Box 2775, Brisbane Qld 4001 or  
☐ Email to: [super@bussq.com.au](mailto:super@bussq.com.au).

**Need help?** If you require help completing this form call **1800 692 877** or email [super@bussq.com.au](mailto:super@bussq.com.au).

Are you already a BUSSQ member? ☐ No ☐ Yes, my member number is

## 1 Personal details

Title	Given names	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	Gender (M/F)	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Street number	Street address	
<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different to above)		
<input type="text"/>		
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation		
<input type="text"/>		

## 2 Your Tax File Number (TFN)

- You don't have to provide your TFN and it's not an offence if you don't. If you do choose to provide BUSSQ with your TFN, BUSSQ will only use and disclose it for purposes approved by law, including finding and identifying your super, calculating tax and providing information to the ATO. These purposes may change in the future.
- If you choose not to provide your TFN you may pay more tax on your benefits and contributions and you will not be able to make personal contributions to BUSSQ. These consequences may change in the future.
- BUSSQ will disclose your TFN to another superannuation fund if you transfer your benefits there unless you advise us in writing that you do not want your TFN disclosed.

I elect to provide my TFN and declare it is:

## 3 Your BUSSQ insurance cover - You must complete this section

### Do you wish to hold insurance with BUSSQ?

☐ YES (proceed to insurance classification questions below) ☐ NO (proceed to section 4)

Information about the default insurance that is offered with your MySuper account can be found in the *MySuper PDS* and *Insurance Handbook*. This includes the definitions of some of the terms used on this form. You should read this information before completing this section.

### Insurance Classification

- ☐ I do manual physical work and elect to have insurance cover with BUSSQ.
- ☐ I spend at least 50% of my working time in an office environment and elect to have Insurance Cover with BUSSQ.



**Please note: you may NOT be eligible for default Death and TPD cover if you:**

- Have previously reduced, opted out or cancelled your BUSSQ insurance cover.
- Have been previously paid or eligible to receive, or have lodged a claim or have a claim pending for, a TPD benefit from BUSSQ, any insurer or another superannuation fund.
- Are self-employed.
- Have been paid or are eligible to receive or have lodged a claim for or have a claim pending for a Terminal Illness benefit from or with any insurer of a superannuation fund, or are otherwise suffering from a Terminal Illness
- Are under 25 and/or have an account balance under \$6,000\* unless you are covered by the dangerous occupation exemption.

For more information see the *Insurance Handbook*.

If you are under 21 you are generally eligible for Under 21 Budget cover, unless you opt to take up default cover within 60 days of joining BUSSQ. You can do this by ticking the box below.

☐

I am under 21 and choose to be covered by default unitised insurance instead of the budget insurance for under 21's detailed in the MySuper PDS and Insurance Handbook.

If you are aged between 21 and 69 you are generally eligible for BUSSQ's default unitised insurance. More insurance options, including fixed cover and Income Protection, are available through BUSSQ's Premium Choice account. You can upgrade online, or call us for more information.

#### Extra cover upon joining BUSSQ

- You can apply to increase your cover from your default cover up to a total of 6 units of Death and TPD, or Death only insurance without providing medical evidence. Please tick the box below to take up this option. Please note this is only available if you meet all of the eligibility criteria for default cover as detailed in the *Insurance Handbook*. If you do not apply for the additional 2 units upon application you can do so in writing to [super@bussq.com.au](mailto:super@bussq.com.au) within four months of the date of the welcome notification we send to you upon joining.

☐

I would like to increase my default cover to a total of 6 units of Death and TPD cover or Death only.



**If your BUSSQ account becomes inactive (no contributions or rollovers received) for 16 months, then your insurance cover may be cancelled. Please refer to the *Insurance Handbook*.**

## 4 Information you authorise to be released to a third party (eg. financial adviser or partner)

By completing this section, you are giving the named person authority to access and receive your account information.

Name of person/company

Relationship to you

Phone

Email

AFSL number (if authority is for a financial adviser)

Authority end date (dd/mm/yyyy)

**Do you authorise this representative to access:**

☐

Information only  
(default)

OR

☐

Information and  
documents

**PLUS**

**Is this authorisation for:**

☐

This account only

OR

☐

For all BUSSQ accounts

#### Term of authority

This authority will remain valid unless you withdraw it, or an expiry date is provided above. Note: For financial representatives where an expiry date is not provided, the authority can remain valid for a maximum of 3 years.

## 5 Employer details

Employer's name

Employer's BUSSQ number (if known)

Date started working for employer (dd/mm/yyyy)

Occupation

Employer's email

OR

☐

I am self-employed



**Please note: you may not be eligible for default insurance cover. You may be able to claim a tax deduction on your personal superannuation contributions.**

## 6 Beneficiary nomination



**BUSSQ accepts binding death benefit nominations.** Visit [bussq.com.au](http://bussq.com.au) for further information and to download the *Binding Death Benefit Nomination* form. Note: When submitting this form we require the original copy. The below nomination is a non-binding nomination.

In the event of your death, please nominate one or more preferred beneficiaries. A death benefit is payable to your dependants and/or your estate or, in limited circumstances, to another person. The final decision rests with the Trustee. More information is available at [bussq.com.au](http://bussq.com.au).

You can nominate one or more preferred beneficiaries. Attach a list if space is not sufficient.

### First person's full name

Relationship to you

Date of birth (dd/mm/yyyy)

Phone

How much?

%

Street address

Suburb/Town

State

Postcode

### Second person's full name

Relationship to you

Date of birth (dd/mm/yyyy)

Phone

How much?

%

Street address

Suburb/Town

State

Postcode

### Third person's full name

Relationship to you

Date of birth (dd/mm/yyyy)

Phone

How much?

%

Street address

Suburb/Town

State

Postcode

## 7 Roll over your other super accounts



**Before you complete this section you should consider the following:**

- BUSSQ may be able to transfer your insurance cover before you close your other accounts. If you would like to do this DO NOT complete this section, and call us on **1800 692 877**.
- Electing to rollover your other super account/s on this form will close your account/s with other super funds.
- Any insurance cover you have with your other fund may cease when you close your account; and
- BUSSQ recommends that you call your other fund before rolling over.

I elect to rollover to my BUSSQ account, the super I hold in the super funds named below.

Please note: your rollover may not be able to be processed if all fields are not completed.

Super fund name	Fund ABN/Unique Super Identifier (USI)	Member number

## 8 Privacy and other important information

BUSSQ collects your personal information to set up and administer your super account. The BUS SQ Privacy Policy contains more information about how we may use or disclose your personal information, and is available from our website or by calling **1800 692 877**.

## 9 Declaration and signature

To apply for membership, you must sign and date this form after reading and accepting the declarations below.

- I have read and agree to the terms and conditions in the BUS SQ MySuper Product Disclosure Statement (PDS).
- I consented to all contact I had with BUS SQ prior to my application for this superannuation product.
- Further information on BUS SQ Insurance is contained in the *MySuper PDS* and *Insurance Handbook*.
- If I have opted out of insurance cover I will not have any insurance cover under my BUS SQ account. If I wish to take out insurance cover in the future, I may be required to complete an application form for insurance and submit medical and other information in support of my application. Information on applying for insurance cover through BUS SQ is located in the *Insurance Handbook*.
- If I don't elect to opt out of insurance cover or I advise that I am employed in a manual occupation, BUS SQ will provide default insurance cover automatically in accordance with the Dangerous Occupations exception under the Putting Members Interests First (PMIF) legislation even if I am under 25 and/or my account has not reached \$6,000. Insurance premiums will be deducted from my account until cover ceases. I can cancel my insurance at any time by advising BUS SQ in writing or calling BUS SQ on **1800 692 877**.
- If I have elected to roll over super on this form, I am aware that this will close my account with my other fund. I understand that insurance cover in the other fund may cease, and that BUS SQ may need to deduct tax on any untaxed amounts that are transferred. I acknowledge BUS SQ's recommendation to call my other fund and take any action to transfer my insurance cover BEFORE submitting the request to rollover.
- If I have provided my email address and/or mobile phone number, I agree to BUS SQ sending me statements, notices, and other communications, electronically. I understand that I can change my communication preferences at any time via *Member Online* at **bussq.com.au** or by calling **1800 692 877**.
- I agree to be bound by the provisions of the Trust Deed governing BUS SQ.
- I declare that all the details in this application form are true and correct.



### Please sign and date.

Forms without both a signature and date are unable to be processed.

Signature



Dated (dd/mm/yyyy)

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Once completed and signed please return this form by:

Mail: BUS SQ GPO Box 2775, Brisbane Qld 4001 or email: [super@bussq.com.au](mailto:super@bussq.com.au)