

Join BUSSQ Premium Choice

Did you know you can join online? Simply go to bussq.com.au.



How to submit this form:

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

Need help? If you require help completing this form call **1800 692 877** or email 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 Premium Choice account can be found in the *Premium Choice 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

You only need to complete either the unitised (default) or fixed cover section questions, depending on which type of cover you want.

Unitised Death or TPD cover – mark '✓' in one box

☐ **Manual** – you perform mainly manual physical work. ☐ **Non-manual** – you spend at least 50% of your working time in an office environment.

Fixed Death or TPD cover – answer 'yes' or 'no'

Do you spend at least 80% of your total working time in an office or similar environment performing administrative, clerical or sedentary type duties?

☐ YES ☐ NO

Do you have a recognised trade qualification relating to your occupation or, does your occupation require you to perform light manual work or are you a supervisor of blue collar workers and your duties include up to 10% of light manual work (e.g. an electrician, printer, greengrocer, carpenter, storeman, plumber, factory production manager etc.)?

☐ YES ☐ NO

Are you a skilled or semi-skilled worker whose duties include heavy manual work or are you required to operate heavy machinery (e.g. qualified wall/floor tiler, glazier, sign writer, bulldozer driver, forklift driver etc.)?

☐ YES ☐ NO



Please note: If your BUSSQ account becomes inactive (no contributions or rollovers received) for 16 months, then your insurance cover will be cancelled.

PART A – Complete this section if you are employed

BUSSQ offers default Death and Total and Permanent Disablement (TPD) cover to eligible Premium Choice members who are employed by an employer who is paying contributions to BUSSQ on their behalf.



Please note: You are eligible for default insurance only if you meet all of the eligibility criteria for default cover set out in the Premium Choice PDS and *Insurance Handbook*. This means, you may NOT be eligible for default Death and TPD cover if you:

- Are self-employed or your employer is not paying contributions to your BUSSQ account.
- Have previously reduced, opted out or cancelled your BUSSQ insurance cover.
- Have been previously paid or are 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.
- 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.
- Are not an Australian Citizen, permanent Australian resident or a lawful non-Australian citizen.
- Are not aged 15 years of older.

* See the *Premium Choice PDS* and *Insurance Handbook* for more information.

I am eligible for default Death and TPD cover, and I would like to have my default cover as:

☐

Fixed Cover

☐

Unitised Cover

For more information about the difference between fixed and unitised cover, please see the *Premium Choice PDS* and *Insurance Handbook*.

Amount of cover (Please select one option only):



If you have selected fixed cover the amount of default cover you receive is based on the equivalent value of unitised cover as outlined below. You will pay premiums for this amount of fixed cover, and the value of your cover will not be reduced as you get older.

If you have selected unitised cover you will receive the number of units outlined below.

For more information see the *Insurance Handbook*.

☐

Default cover – equivalent to four units of cover as detailed in the *Insurance Handbook*.

Please note: If you are under 21 you can select this option instead of your Under 21 Budget cover within 60 days of joining. Please ensure your contributions adequately cover your insurance premiums.

☐

Extra cover upon joining – increase of default cover to a total of six units of cover as detailed in the *Insurance Handbook*. This is available to you if you meet the conditions for default cover and return the form to BUSSQ within four months of the date of the welcome notification we send to you upon joining.

☐

Under 21 Budget cover – equivalent to one unit of death and TPD cover valued at \$50,000. If you select this option you will automatically be upgraded to four units of Death and TPD cover (or the equivalent value) on your 21st birthday.

Additional cover

As a BUSSQ Premium Choice member you can apply for additional Death and TPD cover, as well as Income Protection cover. You can also apply to transfer insurance you hold with other superannuation funds to your BUSSQ account.

To apply for additional Death and TPD cover and Income Protection cover, please apply online or complete the *Application to Change or Increase Insurance* form available at bussq.com.au.

To apply to transfer insurance cover you hold with another superannuation fund please complete the *Application to Transfer Insurance* form available at bussq.com.au. **Please note that you should ensure the transfer of insurance cover from your other fund, to BUSSQ, has been accepted before rolling your other superannuation into BUSSQ.**

☐

I have enclosed an *Application to Change Your Insurance* form and/or an *Insurance Transfer* form.

PART B – Complete this section if you are self-employed or your employer is not paying contributions to BUSSQ

As you are not eligible for default cover, you can apply for Death, TPD and Income Protection Insurance by completing the *Application to Change Your Insurance* and *Increase Insurance* forms available at bussq.com.au.

If you have insurance cover with another superannuation fund you can apply to transfer insurance cover using the *Application to Transfer Insurance* form available at bussq.com.au. **Please note that you should ensure the transfer of insurance cover from your other fund, to BUSSQ, has been accepted before rolling your other superannuation into BUSSQ.**

☐

I have enclosed an *Application to Change Your Insurance* form and/or an *Insurance Transfer* form.

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 phone number

OR ☐ I am self-employed

6 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. If you have more than 3 accounts to roll over please call us.

Super fund name

Fund ABN/Unique Super Identifier (USI)

Member number

7 Beneficiary nomination



BUSSQ accepts binding death benefit nominations. Visit 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.

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

8 Your investment choice

If you require more information on the BUSSQ Premium Choice account investment options, please refer to the *Super Handbook* or call BUSSQ on 1800 692 877.

I would like my Premium Choice account and future contributions invested in the following option(s). Please tick and state the percentage amount.

The amounts must be whole percentages only eg. 10%, 27% etc and the total of all investments selected must equal 100%.

Pre-mixed options

<input type="checkbox"/> Defensive	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Premium Choice Balanced Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> High Growth	<input type="text"/> <input type="text"/> <input type="text"/> %

Single asset class options

<input type="checkbox"/> Cash	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Australian Shares	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Australian (Small Companies) Shares	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> International Shares	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> International (Emerging Markets) Shares	<input type="text"/> <input type="text"/> <input type="text"/> %

TOTAL OF ALL TICKED OPTIONS MUST EQUAL 100% %

9 Privacy and other important information

BUSSQ collects your personal information to set up and administer your super account. The BUSSQ 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.

10 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 BUSSQ Premium Choice Product Disclosure Statement (PDS).
- I consented to all contact I had with BUSSQ prior to my application for this superannuation product.
- If I have opted to have insurance cover, I understand that my application for insurance cover is subject to meeting the eligibility criteria, and if insurance cover is provided, BUSSQ will deduct premiums from my account until cover ceases. Further information on BUSSQ Insurance is contained in the *Premium Choice PDS and Insurance Handbook*.
- If I have opted out of insurance cover I will not have any insurance cover under my BUSSQ 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 BUSSQ 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, BUSSQ 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, and insurance premiums will be deducted from my account until cover ceases. I can cancel my insurance cover at any time by advising BUSSQ in writing, or by calling BUSSQ 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 BUSSQ may need to deduct tax on any untaxed amounts that are transferred. I acknowledge BUSSQ'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 BUSSQ 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 BUSSQ.
- 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)

<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"/>
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Once completed and signed please return this form by:

Mail: BUSSQ GPO Box 2775, Brisbane Qld 4001 or email: super@bussq.com.au.