

Coal Industry Superannuation Fund Spouse Membership Application Form

Spouse Member Details

Surname: _____ Given Names: _____

Title: (*Dr/Mr/Mrs/Ms/Miss*) _____ Date of Birth: _____

Sex: (*Male/Female*): _____

Home Address: _____

_____ Post Code: _____

Home Telephone: _____ Work Telephone: _____

Preferred email address: _____

Spouse Declaration

- Ⓢ I hereby apply to the Coal Industry Superannuation Board for the admission as a spouse member of the Coal Industry Superannuation Fund and agree to be bound by the Regulations governing the Coal Industry Superannuation Act.
- Ⓢ I understand that I may be required to transfer/withdraw my money from the Fund when my spouse ceases to be a member of this Fund.
- Ⓢ I understand that my personal information will be handled by the Fund to provide and manage my superannuation. Without this information it may not be able to provide my superannuation and choices. For this purpose, my personal information may pass between the Coal Industry Superannuation Board, professional advisers, insurers, government bodies, the employer and other parties as required, including the trustee of any other superannuation fund that my superannuation is transferred to.
- Ⓢ I acknowledge that if I have provided my email address in this application form, the Coal Industry Superannuation Board may at its discretion, use it to send information to me.
- Ⓢ I certify that the details provided by me in this form are true and correct.

Signature: _____ Date: _____

Sponsoring Member Details

Surname: _____ Given Names: _____

Title: (*Dr/Mr/Mrs/Ms/Miss*) _____ Date of Birth: _____

Sex: (*Male/Female*): _____

Home Address: _____

_____ Post Code: _____

Home Telephone: _____ Work Telephone: _____

Preferred email address: _____

I wish to make the following contributions from after tax salary to the Coal Industry Superannuation Fund on behalf of my spouse:

- lump sum of \$ _____
- fixed amount of \$ _____ per week (minimum \$20 per pay)

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Declaration

- ⌚ I hereby confirm that the applicant is my spouse.
- ⌚ I understand that I have no rights or authority over my spouse's entitlement in the Fund, notwithstanding the fact that his/her superannuation account may include contributions made by me to the Fund on his/her behalf.
- ⌚ I authorise my employer to direct from my pay any contributions that I have indicated that I would like to make to my spouse's superannuation account.
- ⌚ I certify that the details provided by me in this form are true and correct.

Signature: _____ Date: _____

To be completed by the employer

Member contributions from after-taxed income: \$_____ per week
to be paid into the employee's spouse's account (minimum \$20 per pay)

Name of authorised employer representative: _____

Position: _____

Signature: _____ Date: _____

Coal Industry Superannuation Board
ABN: 36 645 649 721
AFS Licence No: 255844

Once completed by the employer, send this form to:

**Administration Manager
Coal Industry Superannuation Fund
242 Rokeby Road
Subiaco WA 6008**