

Form > SA Ambulance Service Superannuation Scheme APPLICATION FOR NON-CONTRIBUTORY MEMBERSHIP (CASUAL EMPLOYEES)

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**SUPER SA**
contributing to your future

Please complete all the details on this form and return the signed original to Super SA.

1. Personal Details

Super ID Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone* (W)

(H)

(M)

Employee no

*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

Contact us**Address**

Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal

GPO Box 48, Adelaide, SA 5001

Call

(08) 8207 2094 or 1300 369 315 (for regional callers)

Email

supersa@sa.gov.au

Website

www.supersa.sa.gov.au

2. Member Checklist

- I apply to become a non-contributory member of the SA Ambulance Service Superannuation Scheme on the terms and conditions contained in the Trust Deed and Rules of the Scheme. I understand that the Trust Deed and Rules can be inspected on request.
- I have received and read the information provided to me about the Scheme, including the Product Disclosure Statement.
- I consent to my personal information being used by the Scheme to provide and manage my super. I understand that if I do not provide the Scheme with my personal information, the Scheme may not be able to provide my super and choices other than benefits required by law.
- I consent to the provision of my personal information to the Scheme and its administrator, Super SA, professional advisers, insurers, government agencies, my employer and other parties as required, including the Trustee of any other Fund to which I may transfer.
- I understand that I may access my personal information by contacting Super SA.
- I understand that any material provided by the Scheme does not constitute financial advice and it is recommended I consult a professional financial adviser before making financial decisions.
- I understand that I am not required to make any contributions to the Scheme.

3. Member Declaration

I certify that the information I have provided on this page is true and correct.

Signature: ✕

Date:

When you have completed the details above, please forward this form to your Pay Office for completion of section 4.

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4. Member Information (to be completed by your payroll section)

Date joined employer _____ / ____ / ____

Date joined the Scheme (supply only if different to date joined employer) _____ / ____ / ____

Employee identification number _____

Effective date of change _____ / ____ / ____
(supply only if the member is changing membership category)

Signature of Authorised Officer **x** _____

Name of Authorised Officer (please print) _____

Telephone _____ Date _____

Please complete section 4 above and return the signed original to Super SA.