## Child Income account join form



Please complete and sign this form and return by:

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.

1 Member	r details				
Title	Given names		Surname		
BUSSQ member r	number				
2 Nomina	ted child				
Miss/Master	Given names		Surname		
Date of birth (dd/		/F)			
		pleting this form, please provide	the details of the primary co	ırer.	
Title	Given names		Surname		
Chus ah mayorah ay	Street address				
Street number	Street address				
Suburb/Town				State	Postcode
Postal address (if	different to above)				
Suburb/Town				State	Postcode
Phone number		Email			
3 Paymen	t details				
Your nominated p	ayment details will act as the o	default, however may be change	d by the primary carer once t	the account is o	pened.
		ext scheduled fortnight after the with the first payment commen			
	·	nents (please tick which option y	_	oo. p.a., .	
Fortnightly	Monthly Qua	arterly Half yearly	Yearly		
The amount I wisl	h to nominate is (please tick w	hich option you would prefer).			
Minimum	10% Maximum				
OR					
An amount b	petween your minimum and mo	aximum \$	per	payment.	
	note: Lump sum payments car nount requested.	n only be provided upon approv	al of the Trustee. Any applica	ble taxes will be	e deducted from

## 4 Residency declaration

Please indicate the residency status of the CHILD for the purposes of Child Income account payments.

Temporary residents are not eligible to open a Child Income account. For more information call us on 1800 692 877.

I declare that: (Please tick the box that applies to you)

The child nominated is an Australian citizen, New Zealand citizen or permanent resident of Australia.

\* A temporary resident is someone who holds a temporary visa as described in the Superannuation Industry (Supervision) Regulations 1994 or in the Migration Act 1958.

## 5 Privacy and other important information

BUSSQ collects your personal information to setup and administer the Child Income 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.

## 6 Declaration and signature

In signing this application:

- I agree to provide the Trustee, within a reasonable period, with:
  - Any information they may request which relates to the child
  - Updated details of any changes to the information provided in this application.
- I understand that once commenced, the level of income will remain unchanged unless advised to the Trustee in writing. However, I understand that the Trustee will adjust the payments from time to time to ensure that the level of payments do not fall outside the prescribed income levels specified by the regulatory authorities.
- I understand that the Child Income account may continue to be paid until the money in the account runs out, the child turns 18 and takes a lump sum, or the child turns 25 at which point they will receive any remaining balance.
- I have read and understood the Terms and Conditions of the BUSSQ Child Income account, and acceptance is made subject to the terms and conditions of that document.

I	Please sign and date. Forms without both a signature and date are unable to be processed. Signature
1	Dated (dd/mm/yyyy)
ı	Once completed and signed please return this form by: BUSSQ GPO Box 2775, Brisbane Qld 4001 or email: super@bussq.com.au.

SIGN HERE