

# TRANSFER FROM BUSSQ MYSUPER TO PREMIUM CHOICE

Please complete and sign this form and return to: BUSSQ GPO Box 2775, Brisbane Qld 4001

BUSSQ MySuper member number

## 1 PERSONAL DETAILS

Mr/Mrs/Ms/Miss Given names Surname

  

Date of birth (dd/mm/yyyy) Gender Age Daytime contact number Mobile

 M  F    

Street address Suburb / Town State Postcode

   

Email

BUSSQ would like to keep you updated about the fund, and send you information about any special offers and benefits that are available to you as a BUSSQ member. If you would prefer not to receive this communication please tick here.

STOP

### Investment option on transition to Premium Choice

I have chosen to transfer to the BUSSQ Premium Choice product invested 100% in the Premium Balanced Growth option. I realise that once my membership has been processed (approx 2 business days) I can switch my investment option to any of the other options available in Premium Choice by logging onto MemberAccess at [bussq.com.au](http://bussq.com.au) or by downloading an *Investment Choice* form from our website and mailing it in. For more information please call us on 1800 MY BUSSQ (1800 69 2877).

**SUPER SEARCH** - I authorise BUSSQ to use my TFN to search for other super I may have and contact me with details.

YES  NO

## 2 PRIVACY AND OTHER IMPORTANT INFORMATION

BUSSQ collects and uses your personal information in accordance with the BUSSQ Privacy Statement which is available from our website or by calling 1800 MY BUSSQ (1800 69 2877). Please call us if you have any questions about your rights under the privacy legislation.



### 3 AUTHORITY

If you would like to authorise another person to obtain information about your BUSSQ account please add their details below. This authority does not enable the person to act on your behalf and can be revoked in writing at any time.

I authorise the person/company detailed below to obtain information about my Premium Choice account. I understand that this authorisation will remain in force until revoked in writing by me.

Name of person

Relationship to you

Phone

Email

Street address

Suburb/Town

State

Postcode

Name of company (if applicable)

### 4 DECLARATION AND SIGNATURE

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

- **I agree to receive statements in an electronic form and that should I wish to change this election and receive paper statements I will advise the Trustee in writing.**
- I hereby apply to the Trustee for admission as a member of BUSSQ Premium Choice upon the terms and conditions contained in the Product Disclosure Statement (PDS) and supporting documentation.
- I acknowledge that I have read and understood the terms and conditions contained in the PDS and supporting documentation.
- If I do not agree with the conditions of the Privacy Policy I will advise the Trustee in writing.
- I declare that all the details in this application are true and correct and that I have read the PDS and supporting documentation to which this application applies and agree to the offer contained in it and to be bound by the provisions of the Trust Deed (as amended) governing BUSSQ, and if I have received this PDS and supporting documentation from the internet or any other electronic means, I declare that I have received it personally, or a printout of it, accompanied by or attached to the application form before making an application to join BUSSQ Premium Choice.
- I acknowledge that the level of insurance cover I currently have under BUSSQ MySuper will be continued under Premium Choice at the same cost.
- If deemed necessary by me, I have obtained financial advice from a qualified Financial Planner concerning my investment in BUSSQ Premium Choice.

I understand and accept that the Trustee does not guarantee the performance of the investment strategy.

Signature of applicant

Dated (dd/mm/yyyy)