

Step 3 Your employer's details

Employer name	Date joined employer (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Employer contact/representative	Title
<input type="text"/>	<input type="text"/>
Employer phone number	Employer site/location (if applicable)
<input type="text"/>	<input type="text"/>

Further information

All of our forms and publications are available at lucrf.com.au or by calling us on **1300 130 780**.

Your beneficiaries

When you open a LUCRF Super account, it's important that you carefully consider who you wish to receive your superannuation benefit in the event of your death. Read more about nominating beneficiaries in our Super Member Guide – Additional Information.

Your investment choice

When you join us, your account is automatically invested in the MySuper Balanced (default) investment option. This option has a diversified mixture of growth assets, such as shares and property, and defensive assets, like cash and fixed interest. If you want your super invested differently to the default option, you'll need to complete a Member Investment Choice Form. Refer to our Investments Guide to learn more about investment options and choices.

Your default insurance cover

When you first join LUCRF Super and **you have an employer** who pays super contributions into your account, you're automatically allocated the following insurance provided you meet our insurer's eligibility requirements (this is known as your default cover):

Age 14 – 64	1 unit of Light Blue Fixed Premium Death & TPD cover*
Age 65 – 69	1 unit of Light Blue Fixed Premium Death & Restricted TPD cover* (TPD Definition 2, 3, 4 or 5 must be satisfied to receive a TPD benefit. See our Insurance Guide for details).
Age 70 and over	No insurance

*Cost of insurance is \$2.55 per week deducted directly from your super account on a quarterly basis.

When insurance is provided to you, you must provide us with any information that could affect our insurer's decision to offer you cover. This is known as your 'duty of disclosure'.

Please refer to our Insurance Guide for full details of your duty of disclosure obligations as well as all insurance terms and conditions.

Step 4 Sign and date this form

- I confirm that all of the details provided in this form are accurate and complete.
- I have read and understood the information contained in the Super Member Guide – Product Disclosure Statement, the Super Member Guide – Additional Information, the Fees and Costs booklet, the Insurance Guide and the Investments Guide.
- I consent to the collection, use and disclosure of my personal information in accordance with the LUCRF Super Personal Information Collection Statement and the Privacy Policy available at lucrf.com.au/privacy or by calling 1300 130 780.

Signature



Date (dd/mm/yyyy)

Checklist

Before you send this form to us, make sure you have:

- completed all relevant steps
- signed and dated this form at step 4.

Send this form to:

LUCRF Super
PO Box 211
North Melbourne VIC 3051

If you need any help completing this form, please call us on **1300 130 780** or email mypartner@lucrf.com.au.