aon master trust
super for life

AON MASTER TRUST
PARTICIPATING EMPLOYEE APPLICATION FORM
MEMBER DETAILS

EMPLOYER NUMBER	PAYROLL NUMBER	MEMBERSHIP NUMBER

EMPLOYER DETAILS:

EMPLOYER NAME: _____

POSTAL ADDRESS: _____

OFFICE LOCATION: _____

PHONE: _____ FAX: _____WORK EMAIL: _____

DATE COMMENCED EMPLOYMENT: _____

PERSONAL DETAILS:

FULL NAME (Surname Last & Underlined):_____

DATE OF BIRTH: _____ GENDER: MALE ☐ FEMALE ☐

PERSONAL EMAIL ADDRESS:_____MOBILE:_____

CONFIRMATION OF CITIZENSHIP: ☐ CITIZEN ☐ NON-CITIZEN

VILLAGE/ DISTRICT: _____ (NATIONALITY) _____

PROVINCE : _____ Provide Passport copy

1. I, _____ hereby apply for membership of the above-mentioned Fund;
2. In consideration of my admission to membership, I hereby agree to abide by and be bound by the provisions of the Fund;
3. I have been advised of the benefits, which I am entitled to receive from the Fund on retirement, death or termination of service with my Employer;
4. I hereby authorise my current Employer to deduct from my salary/negotiated salary package amount of the contributions to the Fund.
   The contribution deduction is;

   Employee Deduction ☐ After tax deduction from my salary.

   Employer Deduction ☐ Before tax deduction from employer/ salary package.
5. I hereby authorise to contribute in: - (Please tick (✓) one of the above options below and sign to confirm)

   (a) Cash in Australian Dollars (Au$) ☐ Signed:_____

   (b) Cash in PNG Kina (K) ☐ Signed:_____

6. NOMINATION OF BENEFICIARIES

I hereby nominate the following persons to receive the benefit payable by the Trustee of the Fund in the event of my death: -

Name of Nominee	Date of Birth	Relationship to Member	Name of Guardian	Guardians relationship to Nominee	Amount to be paid to Nominee (%)

(Only Beneficiaries aged below 18 years will need Guardian details to be completed)

Signature of member: _____ Date: _____/_____/_____