

**SUPERANNUATION**

# ARC CORPORATE PLAN

## New and exiting members form

Dated 1 July 2009  
 TOWER Australian Superannuation Limited  
 ABN 69 003 059 407 AFSL No. 237851  
 TOWER Master Fund ABN 20 891 605 180

### 1. NEW AND EXITING MEMBER DETAILS

Complete this Form to add new members to your TOWER Corporate Super Plan or to remove existing members who have ceased employment. If you are providing information for more than 10 members, please photocopy this Form.

Plan Number

Plan Name

#### Member 1

New member  Exiting member\* Category  Occupation

Gender  Male  Female Date of birth  /  /

Name Title  Surname\*

Given name(s)\*

**Residential address**

Suburb  State  Postcode

Country

**Mailing address**  
 (if different to residential address)

Suburb  State  Postcode

Country

Date commenced employment  /  /  Date ceased employment\*  /  /

Current salary \$  pa Tax File Number

Work status  Casual (C)  Permanent Part Time (PT)  Permanent Full Time (FT)  Fixed Term Contractor (FC)

If not working full time, how many hours per week?   At Work Declaration  
 Please tick this box to confirm the employee was at Work on the date they joined the fund.

\*When removing a Member, only fields marked with an asterisk (\*) need to be completed.

## Member 2

New member  Exiting member\* Category  Occupation

Gender  Male  Female Date of birth  /  /

**Name** Title  Surname\*

Given name(s)\*

**Residential address**

Suburb  State  Postcode

Country

**Mailing address**  
(if different to Residential address)

Suburb  State  Postcode

Country

Date commenced employment  /  /  Date ceased employment\*  /  /

Current salary \$  pa Tax File Number

Work status  Casual (C)  Permanent Part Time (PT)  Permanent Full Time (FT)  Fixed Term Contractor (FC)

If not working full time, how many hours per week?   At Work Declaration  
Please tick this box to confirm the employee was at Work on the date they joined the fund.

## Member 3

New member  Exiting member\* Category  Occupation

Gender  Male  Female Date of birth  /  /

**Name** Title  Surname\*

Given name(s)\*

**Residential address**

Suburb  State  Postcode

Country

**Mailing address**  
(if different to Residential address)

Suburb  State  Postcode

Country

Date commenced employment  /  /  Date ceased employment\*  /  /

Current salary \$  pa Tax File Number

Work status  Casual (C)  Permanent Part Time (PT)  Permanent Full Time (FT)  Fixed Term Contractor (FC)

If not working full time, how many hours per week?   At Work Declaration  
Please tick this box to confirm the employee was at Work on the date they joined the fund.

\*When removing a Member, only fields marked with an asterisk (\*) need to be completed.

## Member 4

New member  Exiting member\* Category  Occupation

Gender  Male  Female Date of birth  /  /

**Name** Title  Surname\*

Given name(s)\*

**Residential address**

Suburb  State  Postcode

Country

**Mailing address**  
(if different to Residential address)

Suburb  State  Postcode

Country

Date commenced employment  /  /  Date ceased employment\*  /  /

Current salary \$  pa Tax File Number

Work status  Casual (C)  Permanent Part Time (PT)  Permanent Full Time (FT)  Fixed Term Contractor (FC)

If not working full time, how many hours per week?   At Work Declaration  
Please tick this box to confirm the employee was at Work on the date they joined the fund.

## Member 5

New member  Exiting member\* Category  Occupation

Gender  Male  Female Date of birth  /  /

**Name** Title  Surname\*

Given name(s)\*

**Residential address**

Suburb  State  Postcode

Country

**Mailing address**  
(if different to Residential address)

Suburb  State  Postcode

Country

Date commenced employment  /  /  Date ceased employment\*  /  /

Current salary \$  pa Tax File Number

Work status  Casual (C)  Permanent Part Time (PT)  Permanent Full Time (FT)  Fixed Term Contractor (FC)

If not working full time, how many hours per week?   At Work Declaration  
Please tick this box to confirm the employee was at Work on the date they joined the fund.

### \*Tax File Numbers

For information about why we need your employees' Tax File Number and how it will be used, please refer to section 'Providing your Tax File Number' in the ARC Master Trust PDS available on our website [www.arcmt.com.au](http://www.arcmt.com.au) or call us for a copy.

\*When removing a Member, only fields marked with an asterisk (\*) need to be completed.

## 2. EMPLOYEES ABSENT FROM WORK

Please complete this section to list those employees who were **NOT** At Work on the date they joined the company.

Employee name	Reason for absence from work	Date expected to return to work

## 3. EMPLOYER DECLARATION

I/We hereby certify that:

- Listed in section 1 are those employees who have joined the Fund within 120 days of first becoming eligible (usually the date they started employment with their participating employer), and were actively **At Work** on the day they joined.

**At Work** means either of the following:

### Definition 1

A member is actively performing all the agreed hours and duties of his or her usual occupation without restriction or limitation due to injury or illness, and who is not receiving and/or entitled to receive income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

### Definition 2

If a member is on employer-approved leave for reasons other than injury or illness, **At Work** means the member was, on the last working day immediately before he or she commenced the employer-approved leave, actively performing all the agreed hours and duties of his or her usual occupation without restriction or limitation due to injury or illness, and who is not receiving and/or entitled to receive income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

- Listed in section 2 are those employees who were **NOT At Work** on the day they joined or did not join the Fund within 120 days of becoming employed with the company.

I/We understand that:

- Those employees listed in section 2 will not normally be entitled to automatic insurance cover in the ARC Master Trust, and as such, may need to have medical evidence assessed and accepted by the Fund's Insurer before any insurance cover can be granted.
- If we do not advise TOWER of the member's **At Work** status within 14 days of the member joining the Fund, TOWER will deem that the member was '**At Work**' on the day they joined the fund. However, in the event of a claim, TOWER will require proof of this.
- Failure to provide a member's '**At Work**' status, may result in their insurance benefits being voided by the Insurer.
- Providing false or misleading information may also result in the member's insurance benefits being voided by the Insurer.

Employer signature

X

Date

/ /

Name

Position

### Contact us

#### ARC Master Trust Customer Service Consultants

Call 1800 101 014

Monday to Friday 8.30am-5.30pm (EST)

Email: [arcmt@toweraustralia.com.au](mailto:arcmt@toweraustralia.com.au)

Website: [www.arcmt.com.au](http://www.arcmt.com.au)

Please return your completed form and any supporting paperwork to:

ARC Master Trust

PO Box 142

Milsons Point NSW 1565