

Maternity/ Paternity Leave



Complete this form if 100% of your account balance is invested in the MyMix Solution and you would like to apply for the dollar-based administration fee waiver (for up to 12 months).

1. Member details

| | | | | | | | |
|--|----------------------------------|-----------------------------|-----------------------------------|--|--|-------------------------------------|------------------------------------|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/> | Miss <input type="checkbox"/> | Other <input type="checkbox"/> | (please specify): <input type="text"/> | Gender M/F <input type="checkbox"/> | Date of birth <input type="text"/> |
| Surname <input type="text"/> | | | | Given name(s) <input type="text"/> | | | |
| Preferred name <input type="text"/> | | | | Member number <input type="text"/> | | | |
| POSTAL ADDRESS | | | | | | | |
| Street no./ PO Box <input type="text"/> | Street name <input type="text"/> | | | Suburb <input type="text"/> | | | |
| State <input type="text"/> | Postcode <input type="text"/> | | Country <input type="text"/> | | | | |
| Phone (H) <input type="text"/> | Phone (W) <input type="text"/> | | Mobile phone <input type="text"/> | | | | |
| Email <input type="text"/> | | | | | | | |
| RESIDENTIAL ADDRESS | | | | | | | |
| Same as postal address <input type="checkbox"/> | | | | Different to above; please complete the information below <input type="checkbox"/> | | | |
| Street no. <input type="text"/> | Street name <input type="text"/> | | | Suburb <input type="text"/> | | | |
| State <input type="text"/> | Postcode <input type="text"/> | | Country <input type="text"/> | | | | |
| EMPLOYMENT | | | | | | | |
| Employer <input type="text"/> | | | | | | | |
| Date leave commenced <input type="text"/> | | | | Expected/actual date of return <input type="text"/> | | | |
| <small>The waiver will be effective the day we receive your notification that you commenced maternity/paternity leave. It will cease upon receipt of a contribution or the cessation of the 12 month period, whichever is earlier. If either the 'Date leave commenced' or the 'Expected/Actual date of return' changes, please advise GuildSuper immediately.</small> | | | | | | | |

2. Declaration by member

All information provided by me in this Maternity/Paternity Leave Form is true and correct.

| | |
|--|---------------------------|
| Signature of member <input type="text"/> | Date <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

2. Declaration by employer

I confirm that this member will be on Maternity/Paternity leave during the dates specified.

| | |
|--|---------------------------|
| Signature of employer <input type="text"/> | Date <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Next steps: Complete and return to info@guildsuper.com.au or send via post to: GuildSuper, GPO Box 1088 Melbourne, VIC 3001



**Grow your super while you
grow your family**

guildsuper.com.au

