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 Mr	s Ms	Miss	Other	(please specify):	Gender	M/F	Date of birth	
Surname						Given nam	ne(s)		
Preferred name						Member nur	mber		
POSTAL ADDRESS									
Street no./ PO Box		Street name				Sub	urb		
State		Postcode		Cour	itry				
Phone (H)			Phone	(VV)		Mol	bile phone		
Email									
RESIDENTIAL ADDRESS									
Same as postal address Different to above; please cor					plete the	information be	elow		
Street no.		Street name				Sub	urb		
State		Postcode		Cour	ntry				
EMPLOYMENT									
Employer									
Date leave commenced					Expected/actual date of return				

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 Child Care Super immediately.

2. Declaration by member

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

2. Declaration by employer

I confirm that this member will be on Maternity/Paternity leave during the dates specified.						
Signature of employer	Date					
×						

Next steps

Complete and return to info@childcaresuper.com.au or send via post to: Child Care Super, GPO Box 1088, Melbourne, VIC, 3001

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We collect your personal information for purposes as detailed in the Privacy Statement and Privacy Policy which you can access at childcaresuper.com.au/privacy. Call Child Care Super on 1800 060 215 to access or update the personal information we hold about you.

GLD2023 CCS Maternity/Paternity Leave 11/23