Maternity/ Paternity Leave

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

1. Member details

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ (please specify): Gender M/F Date of birth

Surname Given name(s)

Preferred name Member number

POSTAL ADDRESS

Street no./ PO Box Street name Suburb

State Postcode Country

Phone (H) Phone (W) Mobile phone

Email

RESIDENTIAL ADDRESS

Same as postal address ☐ Different to above; please complete the information below ☐

Street no. Street name Suburb

State Postcode Country

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 GuildSuper 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@guildsuper.com.au** or send via post to: **GuildSuper, GPO Box 1088 Melbourne, VIC 3001**

Issued by Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL 229757, RSE Licence L0001458 as trustee of the Smart Future Trust ABN 68 964 712 340 (the Fund). GuildSuper and GuildPension are products in the Fund.

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