Maternity/ Paternity Leave

ChildCareSuper

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 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**

09/2026