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**

Issued by Stewarda Pty Ltd ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185 as trustee of the Smart Future Trust ABN 68 964 712 340, RSE Registration No R1000566 (the Fund). Child Care Super is a product in the Fund.

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