ANZ Superannuation Savings Account (ANZ SSA) Member Registration Form



21 June 2012

Customer Services

Phone 13 38 63 Fax 02 9234 6668

Email customer@onepath.com.au

Website anz.com

Full name of company		ABN	
ANZ SSA employer numbe	er		
	Member	Member	Member
Title (Mr/Mrs/Ms/Miss)			
Surname**			
Given name(s)**			
Date of Birth (dd/mm/yy)**	/ /	/ /	/ /
Gender	Male Female	Male Female	Male Female
Address*	- Wale Female	I emale	Iviale Terriale
Address			
Suburb/Town*	Postcode	Postcode	Postcode
Country			
Tax file number			
Date joined employer**	/ /	/ /	
	Full-time Part-time	Full-time Part-time	Full-time Part-time
Work status†*/occupation			
	Signature of member (if available)	Signature of member (if available)	Signature of member (if available)
	X	X	X
* Mandatory requirement. Account cannot be established unless provided. † Full-time employees are those that are engaged to work 20 or more hours per week. Refer to the ANZ SSA Product Disclosure Statement and Additional Information Guide (PDS) for more information. ‡ Mandatory requirement to establish insurance. Insurance will not be provided unless completed.			
EMPLOYER DECLARATION	DN		
I, the undersigned, declare that all the employees listed above:			
are eligible to join on the dates specified			
 were actively 'At Work' on the date of joining ANZ SSA, are eligible to become a member of ANZ SSA, and are actively engaged in the performance of their usual duties or are on leave for reasons other than sickness or injury. Please refer the PDS for the full definition of 'At Work'. 			
fund, money laundering,	terrorism financing or other similar ac	uspect that the employees' investment tivities and my instructions in relation t or regulations in Australia or any other o	o the investment will not result in ANZ or
Authorised contact person	on		
Full name			
Position			
Phone			
Signature of authorised contact person (sign clearly within box) Date (dd/mm/yy)			
X		/ /	