



Your election to become a member

Temporary/casual employee/ statutory office-holder

Important information about this form

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this with a ✓ or ✗ then fill out the next question or section.

Submitting your form

On completion of this form please return it to your Personnel section or Pay office.

PLEASE DO NOT SEND IT TO US.

Instructions to personnel after the member signs this election

- After the member completes their election, you must retain it in the member's personal file.
- If eligibility criteria are satisfied, contributions should start from the date of the election, if that date is a payday, otherwise from the next payday.

Financial advice for your needs and goals

Obtaining professional advice from an experienced financial planner can help you reach your financial goals.

CSC's authorised financial planners provide 'fee for service' advice, which means you receive a fixed quote upfront. There are no obligations, commissions or hidden fees.

To arrange an initial advice appointment please call 1300 277 777 during business hours.



Public Sector
Superannuation
Scheme



Election

I,

GIVEN NAME(S)

SURNAME

whose reference number (AGS) is

elect in accordance with Section 7 or 8 of the *Superannuation Act 1990* to become a member of the Public Sector Superannuation (PSS) scheme in relation to my employment with

CURRENT EMPLOYER

I elect to contribute

%

of my salary for super purposes

I understand that, once I become a member, I am bound by the Rules for the administration for the scheme.

I confirm that I have not previously elected to leave PSS to join an accumulation scheme. I accept that if I have made such an election, I cannot elect to become a member of PSS.

I acknowledge that I can access, through my employer, the Rules for the administration of the scheme and a copy of the Scheme Trust Deed. I can also obtain the **PSS Product Disclosure Statement (PDS)** and forms and factsheets with information on the scheme from **csc.gov.au**

I am aware of the need to complete a **Confidential Medical and Personal Statement (CMAPS)** form and return it to CSC within 14 days from my commencement date.

I also understand that I may be required to undergo a medical examination for superannuation purposes conducted by a medical practitioner approved by the Commonwealth Superannuation Corporation (CSC).

(Complete the following only if applicable)

I am already a member of

PSS

CSS

in respect of other employment

Name of other employer(s)

AGS number(s)

Sign

SIGNATURE

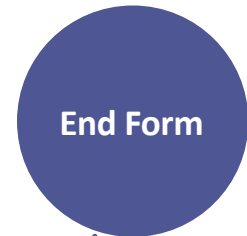
Date signed

/ /

Privacy

We are committed to protecting any information you give us. Your information will be used to contact you if we need to in the future.

Your information will not be used for any other purpose or disclosed to another party, unless you authorise us to do so or it is required by law.



End Form



Need assistance?
Call us on the phone numbers below

Email
members@pss.gov.au

Phone
1300 000 377

Financial Advice
1300 277 777

Post
PSS
GPO Box 2252
Canberra ACT 2601

Web
csc.gov.au

Overseas Callers
+61 6275 7000

Fax
(02) 6275 7010