

# INDIVIDUAL MEMBER APPLICATION FORM



The Australian Institute of Superannuation Trustees is a national not-for-profit organisation and is the principal advocate and peak representative body for the \$700 billion profit-to-member superannuation sector. AIST plays a key role in policy development and is a leading provider of research.

AIST provides professional training and support for trustees and fund staff to help them meet the challenges of managing superannuation funds and advancing the interests of their fund members.

Each year, AIST hosts the Conference of Major Superannuation Funds (CMSF), in addition to numerous other industry conferences and events.

## Visit [www.aist.asn.au](http://www.aist.asn.au) for AIST's:

- ▶ Mission and Vision
- ▶ Eligibility for membership
- ▶ Benefits, entitlements and services
- ▶ Constitution
- ▶ Privacy Statement

## Eligibility for AIST membership as an Individual member

- ▶ Any director, staff member or officer who has previously been employed by a representative superannuation trustee; and
- ▶ Any director, staff member or officer of a representative superannuation fund who is not covered by their fund's registration
- ▶ Any individual of an organisation which is wholly owned by a profit-to-member superannuation fund (including administrators and financial services)
- ▶ Any individual working within a government organisation who services the superannuation industry

## Individual Member Fees

- ▶ The annual fee for Individual Membership of AIST is: \$900 (incl GST)

### How to join

1. Complete the Application Form
2. Sign the Declaration and Warranties incorporated in the registration form
3. Submit the form through PDF submission or;
4. Send the completed Individual Member Form accompanied by the total fee payable to:

#### **Membership Team**

AIST  
Level 23, 150 Lonsdale Street  
MELBOURNE VIC 3000

## YOUR DETAILS

Surname  Mr  Mrs  Ms  Miss  Other

First Name  Other name

Job title/occupation  Organisation/Fund

Address

Suburb  City  State  Postcode  Country

Postal Address

Suburb  City  State  Postcode  Country

Telephone (BH)  Facsimile  Mobile

Email^  ^ Correspondence sent by AIST will be sent to this email address (i.e. tax invoice, confirmation)

LinkedIn  Twitter

## PREVIOUS FUND DETAILS

Fund Name  Year commenced  Date ended (DD/MM/YYYY)

Director  Employee  Officer (other than a Director or Employee)

Job title/occupation  Fund Secretary / CEO

Address

Suburb  City  State  Postcode  Country

Type of fund:  
 Industry Fund  Public Sector Fund  Corporate Fund

## TERMS AND CONDITIONS

### DECLARATION AND WARRANTIES

I have read and understand the information provided in this application and on the AIST website and declare that:

- ▶ I meet the eligibility requirements described in this application, and I am therefore eligible for AIST membership and I agree to abide by the AIST Constitution;
- ▶ The fund detailed on this form is a Regulated Superannuation Fund within the meaning of the SIS Act (1993) and; and the Fund is a representative fund as defined in this application;
- ▶ In the event of AIST winding up, I will meet my membership obligation under the new AIST Constitution to contribute a maximum of \$10 should the circumstances so require;
- ▶ I understand that the AIST Directors may at any time determine the rules that are to apply in respect of registration fees, including in circumstances where a member ceases his/her participation part way through the period covered by his/her membership fee;
- ▶ I agree to pay the participation fee.

### MEMBERSHIP

You will be admitted to AIST membership and have access to members' benefits and entitlements when this Individual Member Application Form is accepted and processed by AIST, and will be bound by the AIST Constitution.

### CESSATION OF MEMBERSHIP

You will cease to be an Individual Member of AIST if:

- ▶ you fail to meet the eligibility rules at the time of applying for membership or when a future fee payment is due, or;
- ▶ the representative fund you are involved with nominates you for membership under its registration, or;
- ▶ AIST receives a written resignation from you, or;
- ▶ you become of unsound mind or become liable to be dealt with in any way by the law relating to mental health, or;
- ▶ you die.

### PRIVACY STATEMENT

#### Privacy Policy

AIST understands and respects the importance of protecting the privacy of individuals and is committed to complying with the Australian Privacy Principles contained in the Privacy Act 1988. The way AIST handles your personal information is in accordance with the Privacy Act.

#### Use of Personal Information

Details of how we collect, use and disclose your personal information you provide to us via this form are available at:

<http://www.aist.asn.au/misc/privacy-policy/aist-privacy-policy.aspx>

I have read and agree to the terms and conditions listed on this page

Signature (please type your full name if electronic registration)

Name

Date (DD/MM/YYYY)

## PAYMENT SUMMARY

Please note that registrations will not be processed if the information below is not complete:

Are you responsible for payment of this invoice?

YES

NO

If no, please provide details of the invoice payee:

Surname

First Name

Telephone / Mobile

Email

REGISTRATION                      GST                      TOTAL AMOUNT  
\$ 818.18                      +                      \$ 81.82                      =                      \$ 900

**PAYMENT DETAILS**

Credit Card

EFT

Cheque

**Credit Card**

MasterCard    Visa    AMEX

I authorise AIST to debit my credit card with the above TOTOTAL AMOUNT.

Card Number

-  -  -

Name on Card

Expiry Date (MM/YY)

/

Signature (please type your full name if electronic registration)

Date (DD/MM/YYYY)

**EFT**

**Please email a remittance advice citing the invoice number as the reference to [info@aist.asn.au](mailto:info@aist.asn.au)**

**Account Name:** AIST Business Management

**BSB:** 083-004

**Account Number:** 86-569-8137

**Bank:** National Australia Bank

**Cheque**

Please make cheques payable to:

**Australian Institute of Superannuation Trustees  
Level 23, 150 Lonsdale Street, Melbourne VIC 3000**

**Phone:** 61 3 8677 3800

**Fax:** 61 3 8677 3801

**Email:** [info@aist.asn.au](mailto:info@aist.asn.au)

**SUBMIT REGISTRATION**

This form becomes a Tax Invoice upon completion.