

The Australian Institute of Superannuation Trustees (AIST) is a national not-for-profit organisation whose membership consists of the trustee directors and staff of industry, corporate and public-sector funds.

As the principal advocate and peak representative body for the \$650 billion not-for-profit 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 a Registered Fund member

- ▶ Superannuation Funds that are managed by a trustee (or other arrangements) within the not-for-profit representative superannuation industry;
- ▶ Fund Membership of AIST covers all current directors, employees and/or officers of the fund, providing the fund is eligible for registration.

## Registered Fund Member Application Fees

The table below details the total fee payable in relation to the total number of fund representatives.

Total Headcount	Membership Fee	+GST Total
2 – 15	\$4,420	\$4,862
6 – 15	\$10,970	\$12,067
16 – 30	\$16,430	\$18,073
31 – 50	\$21,940	\$24,134
51 - 100	\$29,620	\$32,582
101 - 150	\$31,200	\$34,320
151+	\$32,500	\$35,750

### How to join

1. Complete the Fund Application Form
2. Nominate your representatives who will be covered for AIST membership by your Fund Registration
3. Sign the Declaration and Warranties incorporated in the registration form
4. Submit the form through PDF submission or;
5. Send the completed Fund Application Form accompanied by the total fee payable to:

#### Membership Team

AIST, Ground Floor, 215 Spring Street, MELBOURNE VIC 3000

## YOUR DETAILS

Fund Name

Address

Suburb

City

State

Postcode

Country

AFSL Number

RSE Licensee Number

Postal Address

Suburb

City

State

Postcode

Country

Person authorised to register the fund

Full Name

Job title/occupation

Telephone (BH)

Facsimile

Fund Email<sup>^</sup>

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

## REGISTRATION OPTIONS

Total headcount	Membership Fee	+ GST Total
<input type="checkbox"/> 2 - 5	\$4,420	\$4,862
<input type="checkbox"/> 6 - 15	\$10,970	\$12,067
<input type="checkbox"/> 16 - 30	\$16,430	\$18,073
<input type="checkbox"/> 31 - 50	\$21,940	\$24,134
<input type="checkbox"/> 51 - 100	\$29,620	\$32,582
<input type="checkbox"/> 101 - 150	\$31,200	\$34,320
<input type="checkbox"/> 151+	\$32,500	\$35,750

## 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 am authorised to apply for AIST registration of the fund named on this form and make all undertakings required on this form and by the AIST Constitution;
- ▶ The fund named on this form is a Regulated Superannuation Fund within the meaning of the SIS Act (1993) and; the fund is a representative superannuation fund as defined in this application and the Constitution;
- ▶ In the event of AIST winding up, the fund named on this form will cover its nominated representatives' obligation under the AIST Constitution to contribute a maximum of \$10 should the circumstances so require;
- ▶ All representatives nominated on this form meet the eligibility requirements described in this application and; the fund will notify the AIST as soon as practicable should any representative nominated on this form cease to be a director, employee or officer (other than a director) of the trustee;
- ▶ 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 Registered Fund ceases its participation part way through the period covered by its registration fee;
- ▶ I agree to pay the participation fee.

### MEMBERSHIP

The representatives nominated on this form will be admitted to AIST membership and have access to members' benefits and entitlements immediately this Application for Fund Registration is accepted and processed by AIST, until such time as their membership of AIST ceases; and are bound by the AIST Constitution.

### CESSATION OF MEMBERSHIP

A member nominated by a Registered Fund ceases to be a member if AIST receives a notice from the fund stating that the member is no longer a representative of the fund, and is not readmitted as a representative within three months; or if AIST receives a written resignation from the member; the member is convicted of an indictable offence; the member becomes of unsound mind or becomes liable to be dealt with in any way by the law relating to mental health; or if the member dies.

### 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 Total

\$

**PAYMENT DETAILS**

Credit Card

EFT

Cheque

**Credit Card**

MasterCard    Visa    AMEX

Please note: A surcharge of 1.5% applies to Visa and MasterCard, and 2.75% for AMEX

I authorise AIST to debit my credit card with the above TOTOTAL AMOUNT including the nominated merchant fee.

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  
Ground Floor 215 Spring 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.