

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 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 not-for-profit 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: \$765 + 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
Ground Floor, 215 Spring Street
MELBOURNE VIC 3000

YOUR DETAILS

Surname	<input type="text"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="text"/>
First Name	<input type="text"/>	Other name	<input type="text"/>								
Job title/occupation	<input type="text"/>	Organisation/Fund	<input type="text"/>								
Address	<input type="text"/>										
Suburb	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>		
Postal Address	<input type="text"/>										
Suburb	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>		
Telephone (BH)	<input type="text"/>	Facsimile	<input type="text"/>	Mobile	<input type="text"/>						
Email^	<input type="text"/>										^ Correspondence sent by AIST will be sent to this email address (i.e. tax invoice, confirmation)
Linkedin	<input type="text"/>				Twitter	<input type="text"/>					

PREVIOUS FUND DETAILS

Fund Name	<input type="text"/>	Year commenced	<input type="text"/>	Date ended (DD/MM/YYYY)	<input type="text"/>					
<input type="checkbox"/> Director	<input type="checkbox"/> Employee	<input type="checkbox"/> Officer (other than a Director or Employee)								
Job title/occupation	<input type="text"/>	Fund Secretary / CEO	<input type="text"/>							
Address	<input type="text"/>									
Suburb	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>	
Type of fund:	<input type="checkbox"/> Industry Fund	<input type="checkbox"/> Public Sector Fund	<input type="checkbox"/> 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
\$	<input type="text" value="765.00"/>	+	\$	<input type="text" value="76.50"/>	= \$ <input type="text" value="841.50"/>

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

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

SUBMIT REGISTRATION

This form becomes a Tax Invoice upon completion.