

# Medical & Associated Professions Superannuation Fund

## Additional Lump Sum Contribution

Before making any decisions regarding an investment option, please read the relevant Product Disclosure Statement, which is available free of charge at [www.mapsuper.com.au](http://www.mapsuper.com.au), by contacting MAP Customer Service or from your licensed financial adviser. Please complete this form using BLOCK LETTERS and a BLACK or BLUE pen. Write X in the appropriate boxes.

### 1 MEMBER DETAILS

Member Number

M A P

Title Surname

Given Name(s)

Contact Phone Number Mobile

Email Address

### 2 CONTRIBUTION ELIGIBILITY REQUIREMENT

I am under age 65.  
OR

I am over age 65, but under age 75. I have worked at least 40 hours over 30 consecutive days during this financial year.

### 3 CONTRIBUTION PAYMENT INFORMATION

Employer Contribution (SG)	Member Contribution*	Employer Voluntary
\$	\$	\$
Salary Sacrifice	Spouse Contribution*	TOTAL CONTRIBUTION
\$	\$	\$

\*MAP Superannuation Fund cannot accept member and/or spouse contributions unless the member has quoted their Tax File Number.

MAP Superannuation Fund offers you the convenience of BPAY®. To take advantage of this facility, contact MAP Customer Service for details. ® Registered to BPAY Pty Ltd ABN 69 079 137 518

If paying by cheque, please make payable to: **Cogent Nominees Pty Ltd ACF The MAP Superannuation Fund - (Full name of Member)** and return to the Medical & Associated Professions Superannuation Fund, GPO Box 529, Hobart TAS 7001.

**ENTRY FEE** (only complete this option if the default entry fee does not apply)

. %

### 4 INVESTMENT OPTIONS

Please DO NOT complete this section if this contribution is being invested in accordance with your existing investment strategy. You may nominate a unique investment option for this contribution by placing the required percentage of each investment in the space below. The option selected is for this contribution only. Your existing investment strategy WILL NOT be changed.

Investment Code	Investment Fund Name	Percentage
		. %
		. %
		. %
		. %
		. %
		. %
		. %

(Note: The percentages combined must total 100%) **TOTAL 100.00%**

# Additional Lump Sum Contribution continued

## 5 ADVISER DECLARATION

I declare that I have given the participant the fund Product Disclosure Statement and the Product Disclosure Statement for the underlying investment managers selected.

Adviser Name

Adviser Code

Licensee Name

Dealer Code

Adviser Signature

Date (DD-MM-YYYY)

AFSL No

## 6 MEMBER DECLARATION

**Important Note:** Information provided to the Trustee will only be used for the purpose specified in the Product Disclosure Statement. It may be accessed and updated by you at any time. It will only be disclosed to other parties where required by law (eg ATO) or to implement your request (eg fund manager). If you do not provide all of the requested information we may not be able to action your request.

- I consent that where I have chosen an investment with a long withdrawal period (illiquid investments) or there are delays receiving proceeds from selling my investments, any withdrawal or transfer request may be delayed.
- I confirm I have received and considered the Product Disclosure Statement for each of the investment options selected.
- I consent to the collection and use of the above information by the Trustee for the purposes specified in the Product Disclosure Statement.

Member Signature

Date (DD-MM-YYYY)

### Please forward all correspondence and queries to

Medical & Associated Professions Superannuation Fund  
GPO Box 529  
Hobart TAS 7001

MAP Customer Service 1800 009 921  
Facsimile (03) 6215 5933  
Website [www.mapsuper.com.au](http://www.mapsuper.com.au)