



Election to become a Member

Hints on using this form

- > Use this form if you are a temporary employee, casual employee or Statutory Office Holder wanting to join the PSSap.
- > Please return the completed form to your employer.
- > Before making any decisions, please read the **PSSap Product Disclosure Statement**.

If you need assistance, please call **1300 725 171**.

SECTION A Personal details

Surname	<input type="text"/>																
Given name(s)	<input type="text"/>																
Date of birth	<table border="0"> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td> <td style="text-align: center;">M</td><td style="text-align: center;">M</td> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION B Your declaration

I,

GIVEN NAME(S)	<input type="text"/>
SURNAME	<input type="text"/>

declare that I am eligible to become a member of the Public Sector Superannuation accumulation plan (PSSap) because:

of my employment with
NAME OF EMPLOYER

OR

I am the holder of a Statutory Office
NAME OF STATUTORY OFFICE (IF APPLICABLE)

and I choose to become a member.

I have read and understood the PSSap Product Disclosure Statement.

SIGNATURE	Date signed																
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D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										

What now?

Please return this completed form to your employer.

Your privacy is important to us

We are collecting the information on this form to administer your super. For further information about our privacy policy, read our **Product Disclosure Statement**, see **Privacy & Disclaimers** at www.pssap.gov.au or call us on **1300 725 171** for a copy to be emailed or posted to you.

Employer instructions

After the election has been completed, please retain this form on the member's personnel file.