

Contribution Eligibility Declaration

Please note that employer contributions cannot be made to the Spouse Accounts or Retained Benefits categories.

Complete, sign and return this form by **fax to (02) 9261 3683 or (03) 9686 0377**.

Alternatively, you may post this form to Maritime Super, Locked Bag 2001, QVB Post Office NSW 1230.

Your Personal Details

Member Number	Membership Division	Title (Mr/Mrs/Miss etc)	Gender
<input type="text"/>	<input checked="" type="checkbox"/> Stevedores division	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Surname	Given Names		
<input type="text"/>	<input type="text"/>		
Address			
<input type="text"/>			

Member's Declaration

I confirm that I have worked 40 or more hours in 30 consecutive days in the current financial year.

Member's Signature

Date

Privacy information and consents

Personal information is collected from or in respect of you to enable Maritime Super to administer your benefits. If you do not supply the required information, we may not be able to do so (and may be unable to action your requests). We may disclose this personal information to a number of parties, such as the administrator of the Fund, your employer(s), Maritime Super's professional advisers, insurer(s) and service providers, as required by law and/or as authorised by you. You may be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access or have a complaint, please contact Member Services on 1800 757 607.