

**APPLICATION FOR MEMBERSHIP**

This form is the application for membership of the Staff Superannuation Fund.

If you want to apply for membership of the Fund, please fill in this form and return it to the Secretary of the Staff Superannuation Fund at Head Office.

The Eligibility & Admission criteria are contained in the Fund's Trust Deed and Rules, a copy of which is available on request from the Secretary at Head Office.

Any employee of the Union aged 18 or older whose employment started before 1 January 2023 may apply to the Fund's Trustees to join at any time.

Employees aged 18 or older who started employment on or after 1 January 2023 may apply to join any time after the date they have completed two years' continuous employment.

**The decision of the Trustees in relation to a membership application is final but any application that is refused may be renewed by the employee six months after the date of refusal.**

Please complete the following using **BLOCK CAPITALS**:

**Member Details**

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*(a copy of your birth certificate must also be provided)*

Marital Status: \_\_\_\_\_

Job Title & HO Department/Office Base: \_\_\_\_\_

Date you started working for the Union: \_\_\_\_\_

**Declaration by the Applicant**

I wish to apply for membership of the Fund. I authorise the Union to make deductions from my salary in accordance with the Fund's Rules. I agree to be bound by the Fund's Rules applicable to me and declare that the answers given above are true to the best of my knowledge and belief.

I understand that the Trustees need to hold personal information concerning me, which goes beyond the information on this form. I consent to the processing of such personal data for the purposes of the administration of the Fund and its disclosure to any person when appropriate. I shall notify the Trustees of any changes to the information given above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Policy**

A copy of our privacy policy can be found on our Fund member website: [usdaw.firstactuarial.net/members](http://usdaw.firstactuarial.net/members).

**Expression of Wish Form**

If you wish to nominate any beneficiaries in respect of death benefits which may be payable arising out of your membership of the Fund, please complete an Expression of Wish Form which can also be found on our Fund member website.



**FOR HO USE ONLY**

Date of entry into Fund: \_\_\_\_\_

Expression of Wish Form Completed: Yes/No

Original Birth Certificate Seen: Yes/No

Authorised by: \_\_\_\_\_

Date: \_\_\_\_\_