

# Maternity/ Paternity Leave



Complete this form if 100% of your account balance is invested in the MyMix Solution and you would like to apply for the dollar-based administration fee waiver (for up to 12 months).

## 1. Member details

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	(please specify): <input type="text"/>	Gender M/F <input type="checkbox"/>	Date of birth <input type="text"/>
Surname <input type="text"/>				Given name(s) <input type="text"/>			
Preferred name <input type="text"/>				Member number <input type="text"/>			
<b>POSTAL ADDRESS</b>							
Street no./ PO Box <input type="text"/>	Street name <input type="text"/>			Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>		Country <input type="text"/>				
Phone (H) <input type="text"/>	Phone (W) <input type="text"/>		Mobile phone <input type="text"/>				
Email <input type="text"/>							
<b>RESIDENTIAL ADDRESS</b>							
Same as postal address <input type="checkbox"/>		Different to above; please complete the information below <input type="checkbox"/>					
Street no. <input type="text"/>	Street name <input type="text"/>			Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>		Country <input type="text"/>				
<b>EMPLOYMENT</b>							
Employer <input type="text"/>							
Date leave commenced <input type="text"/>				Expected/actual date of return <input type="text"/>			
<small>The waiver will be effective the day we receive your notification that you commenced maternity/paternity leave. It will cease upon receipt of a contribution or the cessation of the 12 month period, whichever is earlier. If either the 'Date leave commenced' or the 'Expected/Actual date of return' changes, please advise GuildSuper immediately.</small>							

## 2. Declaration by member

All information provided by me in this Maternity/Paternity Leave Form is true and correct.

Signature of member <input type="text"/>	Date <input type="text"/>
<input type="text"/>	<input type="text"/>

## 2. Declaration by employer

I confirm that this member will be on Maternity/Paternity leave during the dates specified.

Signature of employer <input type="text"/>	Date <input type="text"/>
<input type="text"/>	<input type="text"/>

**Next steps:** Complete and return to [info@guildsuper.com.au](mailto:info@guildsuper.com.au) or send via post to: GuildSuper, GPO Box 1088 Melbourne, VIC 3001



**Grow your super while you  
grow your family**

[guildsuper.com.au](http://guildsuper.com.au)

