

Insurance details update

Occupation and smoking status

Connelly Temple Super Savings Plan



Asteron Portfolio Services Limited ABN 61 063 427 958 AFS Licence No 237905
Level 23 2 Market Street Sydney NSW 2000
Telephone 1300 361 755

1. Personal details

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Surname	<input type="text"/>				Member number	<input type="text"/>							
Given names (in Full)	<input type="text"/>												
Home address	<input type="text"/>										Postcode	<input type="text"/>	
Postal address (Tick if same as above)	<input type="checkbox"/>	or	<input type="text"/>								Postcode	<input type="text"/>	
Phone no.s	Home <input type="text"/>			Work <input type="text"/>			Mobile <input type="text"/>						
Date of birth	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>						

2. Smoking status

Have you regularly smoked tobacco or any other substance in the last 12 months? Yes No

If yes, have you ceased smoking in the last 12 months? Yes Date ceased / / No

3. Occupation

Please list your present occupation and industry

Occupation

Industry

Describe all present duties including the percentage of time spent in each.

Duties (eg. office work, site inspections, supervision, selling etc)	% of time
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Location (eg. office, on site, at home, driving etc)	% of time
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4. Declaration

I hereby declare that the information provided above is true and correct.

Member's signature Date / /

Please forward form to: Connelly Temple Super Savings Plan
GPO Box 1576 Sydney NSW 2001