FORM

Contributions

NATIONWIDE SUPER

Use this form to start or change your member contributions paid via your payroll. Return the completed form to your employer's Human Resources or Payroll Department. Print clearly in BLOCK LETTERS.

1. PERSONAL DETAILS

If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at nationwidesuper.com.au/privacy or call us on 1800 025 241.

a. Title (please select)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ → ☐☐☐☐

b. Surname

☐☐☐☐

3. YOUR DECLARATION AND SIGNATURE

I authorise my employer to deduct money from my wages in accordance with my instructions. I understand that I can amend or reduce this instruction at any time.

I understand that my gross salary will be reduced by the amount authorised and that this amount will be paid to the Russell Investment Master Trust as an employer contribution in addition to the amount prescribed by the Superannuation Guarantee legislation.

Member signature

Date (DD MM YYYY)

Member name

We're here to help

Please send your completed form to: Nationwide Super, Locked Bag A4094, Sydney South NSW 1235.

If you have any questions, please call us on 1800 025 241 (Monday to Friday 8.30am to 5.30pm AEST), email enquiries@nationwidesuper.com.au or visit nationwidesuper.com.au

In preparing this form, the Trustee has not taken into account the investment objectives, financial situation or needs of any person. Accordingly, before making a decision to invest in a product, you should read the current Product Disclosure Statement (PDS) and seek advice tailored to your own financial circumstances. Call us on 1800 555 667 or visit russellinvestments.com.au for a copy of the PDS. Total Risk Management Pty Limited ABN 62 008 644 353, AFSL 238790, Trustee of the Russell Investments Master Trust ABN 89 384 753 567.

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