

# 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 Child Care Super immediately.</small>						

## 2. Declaration by member

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

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

**Next steps:** Complete and return to: Child Care Super, GPO Box 2788 Melbourne, VIC 3001



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

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

