

GROUP LIFE INSURANCE SCHEME

MEMBERSHIP APPLICATION FORM

Step One:

* **Nominate your insurance beneficiary by completing this form:**

I have read and agree to the the Conditions and Rules of the RAAF Welfare Trust Fund Group Life Insurance Scheme. I hereby direct the RAAF Welfare Trust Fund to pay any lump sum payable in respect to my death to the person nominated by me below. In the event that the person nominated below pre-deceases me I hereby direct that the executor of my estate to nominate an alternate beneficiary. I also acknowledge that this authority will remain in force unless superseded by me or I cease to be a financial member of the Scheme. I also undertake to update my nominated beneficiary details as and when I consider necessary in view of my personal circumstances that exist from time to time.

I also acknowledge that it is my responsibility to ensure that membership subscriptions are paid to the Fund in accordance with the prescribed manner detailed on the Fund's website.

YOUR DETAILS:

RANK:	<input type="text"/>	SURNAME:	<input type="text"/>	GIVEN NAMES:	<input type="text"/>
PMKEYS NUMBER:	<input type="text"/>				
DATE OF BIRTH (DD/M/YY):	<input type="text"/>				

YOUR NOMINATED BENEFICIARY DETAILS : (BENEFICIARY MUST BE AT LEAST 18 YEARS OF AGE)

TITLE:	<input type="text"/>
SURNAME:	<input type="text"/>
GIVEN NAMES:	<input type="text"/>
RELATIONSHIP TO YOU:	<input type="text"/>
IF OTHER - SPECIFY	<input type="text"/>
CURRENT ADDRESS OF BENEFICIARY (Include State and Postcode):	
<input type="text"/>	

Step Two:

* **Set up your Ezidebit Direct Debit** to pay your membership fees **by clicking here** Signature

Email = your Defence email address to assist RWTF
Starting = date of the next Thursday payday
Frequency = Quarterly by default and RWTF will amend to once every six pays.

* **Come back and finalise your GLI application** by electronically signing this form and submit using Email to RWTF button