



Suncorp Employee Superannuation Plan


Nomination Form


To elect three member representatives for the Suncorp Employee Superannuation Plan

[How to use this form](#)

1. Read the instructions to find out who needs to complete and sign each section of the form.
2. Return the completed and signed form no later than 5pm on Friday 15 December 2017 to:

John Lunny
Returning Officer
Suncorp Employee Superannuation Plan
C/- Workplace Resolve Pty Ltd
PO Box 156
Indooroopilly Qld 4068

 **0412 679 088**

 **john@workplaceresolve.com.au**

Personal information collected on this form will be used to process the candidature of the nominees to be member representatives of the Policy Committee. It may be disclosed to third parties for this purpose. Your personal information is only collected, used, held and disclosed in accordance with the terms of the Trustee's privacy statement, which can be found at www.suncorp.com.au/privacy.

A. Candidate (completes A & D)

You cannot nominate yourself. If you wish to stand as a candidate you must get someone else to nominate you.

Name of candidate

Full name

B. Nominator (member nominating the candidate) completes and signs

Remember, you cannot nominate or second more than one candidate. Having completed this section, you cannot complete Section C, or any other nomination form.

I, being a member of the Suncorp Employee Superannuation Plan and a current employee of Suncorp, nominate the member named in Section A above for the position of Policy Committee member representative.

Full name:

Telephone (w):

Signature:

Date:

C. Seconders (persons supporting the nomination) complete and sign

Remember, you cannot second or nominate more than one candidate. Having completed this section, you cannot complete Section B, or any other nomination form.

We, being members of the Suncorp Employee Superannuation Plan and current employees of Suncorp, second the member named in Section A above for the position of Policy Committee member representative.

1. Full name:	Telephone (w):
Signature:	Date:
2. Full name:	Telephone (w):
Signature:	Date:

D. Candidate completes and signs

If you are in any doubt about whether you are eligible, please contact the Returning Officer.

To be completed by the candidate

I, being over 18 years of age, a member of the Suncorp Employee Superannuation Plan and a current employee of Suncorp, accept nomination for the position of Policy Committee member representative. I certify that I am not a 'disqualified person' as described in the Call for Nominations brochure and I will sign a statutory declaration to that effect if I am elected.

Full name:	Telephone (w):
Signature:	Date:
Contact address:	
Postcode:	
Email:	

Candidate's statement (optional though recommended)

IMPORTANT – your opportunity to tell members about yourself in no more than 100 words.

If you send in a statement with more than 100 words, the Returning Officer will edit your statement simply by ending it at 100 words, irrespective of whether it still makes sense or not.

Candidate to complete

If you provide a statement and an election is held, your statement will be sent out to members with the ballot papers. In this statement you can support your nomination by telling members about yourself and why you believe you would make a good member representative. Your statement must be no more than 100 words. You might like to include details such as where you work, your years of service, and why you would like to be a member representative.

Now that the form has been filled out:

- Please make sure all boxes have been completed and signed by the correct members.
- Make a copy of the completed and signed form and keep it for your records.
- Return your completed form to the Returning Officer by 5pm on Friday 15 December 2017.

