



This form is to be completed by any employer or family wishing to participate in AXA Workplace Rewards and Family Programme. Please complete only the section relevant to you. If it is a combination of both, please complete the workplace section.

**Workplace details**

Workplace name ABN (Australian Business Number)

Contact person Position

Address Suburb/Town State Postcode

Phone number Fax number Email address

**Family details**

Contact person

Address Suburb/Town State Postcode

Phone number Fax number Email address

**Adviser details**

Adviser name Adviser number

**Declaration**

- On behalf of the company and/or family listed above I confirm that:
- I would like to participate in the AXA Workplace Rewards and Family Programme for eligible employees, and/or family members.
  - I understand that endorsing the package does not constitute the provision of advice.
  - The employer or family member named above will not make specific product recommendations or provide individual advice to employees or other family members or contractors in relation to the products available under the AXA Workplace Rewards and Family Programme
  - I acknowledge that the adviser named above, as a licenced adviser, is authorised to provide advice and service to our employees, contractors and family members
  - I understand that a minimum of 5 members are required for the AXA Workplace Rewards and Family Programme. This Rewards Programme can be set up with a minimum of 2 members, but will become void if another 3 members have not applied for membership within 90 days
  - Participation in AXA Workplace Rewards and Family Programme is subject to final approval by AXA.

Print full name of company or principal family member

Signature 1 Date Signature 2 Date

Signatures required: Principal family member and/or company representative as appropriate.

- Company seal and two directors or director and secretary, or
- Company seal and one signature noted as 'sole director and secretary' where the company has only one director, or
- The signature of a person whose name is clearly written, with the words 'XXX for and on behalf of XYZ Pty Ltd.'

Note: Above not required if all members are family members.

**Are any family members joining the Workplace Rewards and Family Programme in a bona fide living arrangement?**

(a person in a bona fide domestic living arrangement is financially interdependent)  Yes  No

**If yes, please provide signatures of the persons to be insured confirming that you are in a bona fide relationship**

Signature 1 Date Signature 2 Date