

Employer Application Form

Employer Superannuation Service



Please complete this form in **BLOCK LETTERS** using **BLACK** or **BLUE** pen only.

This Application Form should only be completed by a representative of the Employer establishing an Employer Plan. A person is prohibited from passing on to another person the Application Form unless it is attached to the Freedom of Choice Employer Superannuation Service (the Service) Product Disclosure Statement ('PDS') or in the case of an electronic version of the PDS, attached to or accompanied by the completed and unaltered electronic version of the PDS.

Section 1 – Employer Details

Employer name

Employer trading name

Registered address – MUST be completed

Suburb

State

Postcode

Postal address – if the same as registered write SAME AS ABOVE (*all correspondence will be sent to this address*)

Suburb

State

Postcode

Australian Business Number ('ABN')

Type of entity

Contact Person

Name

Position

Contact email

Contact telephone

Contact mobile

Fax

Bank account details are required for refund purposes

Bank/Building Society/Credit Union/CMT

Branch address

Account name

BSB number

Account number

Note: Cheque payments are not available.

Section 2 – Authorised Signatories

Please print clearly. It is important that we know who may sign the documents for your Plan. (We recommend a minimum of two authorised personnel.) Please advise the Trustee immediately if there are changes to the authorised signatories for your Plan.

Full name	Signature	Capacity
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	Signature	Capacity
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 – Plan Details

Enrolment details

Total number of employees.	<input type="text"/>
Total number of employees for which Death and Total & Permanent Disablement ('TPD') cover is to be applied.	<input type="text"/>
Total number of employees for which Income Protection (also known as Salary Continuance Insurance or SCI) cover is to be applied.	<input type="text"/>

Please note: an enrolment form with a least two employees must accompany the Employer Application before it can be accepted.

Fax and email instructions

If you would like to give account transaction instructions by fax or email, please select the method you would like to use (✓).

Fax facility ☐ Email facility ☐ Both fax and email facility ☐

Please ensure you have included your contact details in Section 1 of this form.

Contribution details

Contributions will be made using (✓):

Electronic Funds Transfer ('EFT') ☐ Direct Debit of Account* ☐ BPAY ☐

Contributions paid (✓) Monthly ☐ Quarterly *Mar, Jun, Sept, Dec* ☐ Half Yearly *Jun, Dec* ☐ Annually *Jun* ☐

*Complete and attach the DDR Form.

Note: For our banking details please refer to our Letter of Compliance or the Contribution Remittance Advice form for Employers.

Default investment option

Employees' benefits will be invested in the MySuper MyLife option – until such time as the employee provides us with a completed Investment Strategy Form.

Section 4 – Current Super Fund Provider

Name of Provider	Current balance <i>estimate only</i>
<input type="text"/>	\$ <input type="text"/>

Section 5 – Adviser Nomination (if applicable)

The following financial adviser has been nominated by the employer detailed in Section 1 to act as the authorised representative for the employer's Freedom of Choice Employer Superannuation Service Plan.

The nominated adviser will have authority on the nominated Freedom of Choice Employer Superannuation Service Plan only.

The adviser nominated on this form will not be able to transact or provide instructions on individual member accounts unless they have the appropriate adviser authority in place with the individual member.

Company name

Adviser name

Telephone

Email address

This adviser nomination overrides any previous adviser nomination.

Section 6 – Insurance Cover (OPTIONAL)

Insurance Cover (Employer specified group insurance arrangements only)

If you wish to define insurance benefit groups please complete this section. If you do not complete this section, an eligible employee's insurance category will automatically default to Death and TPD cover 15% of Salary x Years to Retirement at Age 65.

Category Description	Default Category 1	OR	Employer specified cover for Automatic Acceptance		
	Default		Category 2	Category 3	Category 4
Death and TPD	–				
SCI	–				
Death and Death & TPD benefits					
15% of Salary x years to retirement at age 65	✓				
Other (please describe below)					
Income Protection benefits					
Waiting Period – 30, 60 or 90 days	–				
% of Salary (max 75%)	–		%	%	%
Benefit Period – 2yrs, 5yrs or to age 65	–				

Other

Section 7 – Employer Declaration/Signatures

Before you sign this Application Form, the Trustee or financial adviser is obliged to give you a current PDS (which is a summary of important information relating to the Service). The PDS will help you to understand the product and decide if it is appropriate to your needs.

I/We acknowledge each of the declarations (applicable to Employers) of the Freedom of Choice Employer Superannuation Service PDS.

Where I/we have nominated insurance cover in Section 6 of this application, I/we certify that:

- all employees enrolled in the Service were actively at work, or on leave, other than sick leave, on the date they joined the Service;
- will/have joined the Service on the date they are/were first eligible; and
- 75% of all employees who are eligible in accordance with the rules of the Service will be members of the Service for the purposes of insurance Automatic Acceptance Levels (AAL).
- I/We agree to release and indemnify the Trustee from and against all actions, proceedings, accounts, costs, claims and demands in respect of any liabilities arising directly or indirectly as a result of the nomination of adviser detailed in Section 5 of this form, to the extent that such liabilities are not attributable to the Trustee's own neglect or default.
- I/We acknowledge that the Trustee is entitled to either cancel or change the terms and conditions of the facilities or services but may not do so without giving me prior written notice and that I may cancel the use of any of the facilities at any time by giving the Trustee written notice.
- I/We authorise the Trustee to give information relating the employer plan detailed in Section 1 of this form to the financial adviser nominated in Section 5 of this form and acknowledge that the financial adviser is the agent for the purpose of receipt of this information.
- I/We confirm this Adviser Nomination will continue to operate until I/we notify Freedom of Choice in writing that the adviser nominated in Section 5 of this form is no longer the servicing adviser for the employer detailed in Section 1.
- I/We confirm that the information provided on this form is true and correct, and should these details change, I/we shall promptly advise the Trustee of the change(s).

For use when the Employer is an individual or partnership

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

For use when the Employer is a company

Company name	ABN
<input type="text"/>	<input type="text"/>

was hereunto affixed in the presences of:

Secretary/Director signature	Company Seal <i>if applicable</i>
<input type="text"/>	
Director signature	
<input type="text"/>	Date
	<input type="text"/> / <input type="text"/> / <input type="text"/>

Section 8 – To be Completed by the Employer’s Financial Adviser (if applicable)

Adviser name <input style="width: 95%;" type="text"/>	FoC Adviser code <input style="width: 95%;" type="text"/>	Adviser AFSL <input style="width: 95%;" type="text"/>	
Adviser business name <input style="width: 95%;" type="text"/>		Adviser Stamp	
Adviser postal address <input style="width: 95%;" type="text"/>			
Suburb <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>		Postcode <input style="width: 95%;" type="text"/>
Adviser physical address <input style="width: 95%;" type="text"/>			
Suburb <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>		Postcode <input style="width: 95%;" type="text"/>
Adviser email address <input style="width: 95%;" type="text"/>			
Telephone <input style="width: 95%;" type="text"/>	Mobile <input style="width: 95%;" type="text"/>	Fax <input style="width: 95%;" type="text"/>	
<ul style="list-style-type: none">I confirm I am appropriately authorised to provide financial services in relation to the employer plan identified in Section 1 of this form.I confirm the Trustee at its discretion may refuse to record adviser details in order to comply with its obligations under superannuation law. <p>I acknowledge each of the declarations (applicable to advisers) as set out in the Freedom of Choice Employer Superannuation Service PDS.</p> <div style="display: flex; justify-content: space-between;"><div>Adviser signature <input style="width: 95%;" type="text"/></div><div>Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/></div></div>			

Checklist

- ☐ This Employer Application Form completed and signed.
- ☐ Online Service Registration for Employers form completed, signed and enclosed (if applicable).
- ☐ Employee Enrolment Form completed with at least two employees enrolled.
- ☐ Direct Debit Request form completed, signed and enclosed (if applicable).
- ☐ Super Consolidation Form signed by the employee (only required if employees’ existing superannuation benefits are to be transferred from another fund). Form located at www.freedomofchoice.com.au.