

# Default fund notice

Complete this form if you would like Transuper to operate as the default fund for some or all of your employees, for the purposes of the Superannuation Legislation Amendment (Choice of Funds) Act 2004.

If you have any questions about completing this form, please contact the Employer Service Team on 1800 808 799, fax 1300 889 807 or email [transuperadmin@aaas.com.au](mailto:transuperadmin@aaas.com.au)

## Section 1: Participating employer

(Please tick one box)

The business is a 'participating employer' of Transuper or has already submitted an Employer Application Form.

OR

The business is not currently a 'participating employer' of Transuper. Please send me a *Combined Financial Services Guide* and *Product Disclosure Statement for Employers* including an *Employer Application Form*.

Please note that Transuper will only meet your default insurance requirements under Choice of Fund legislation when you become a participating employer of Transuper.

## Section 2: Employer/contact details

All applicants must complete this section (Please use CAPITAL LETTERS and a black pen)

### Employer details

Business name

ABN

Trading as

### Registered address

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Email address

### Contact details

Mr Mrs Miss Dr

Surname

Given names

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Home phone number

Mobile phone number

Email address

