



Employer application

Complete this form to join Transuper as a Participating Employer.

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@aas.com.au

Issued without a PDS

Employer details

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

If your business runs several payroll offices under one ABN, please provide a primary contact and address for each payroll office on a separate piece of paper and submit it with this form.

Business name

ABN

Trading as

Registered address

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Type of business

 Company Sole proprietor Partnership Other

Please activate this account from

 /

Contact details

The following people will be authorised to provide and receive information about this account.

Primary contact (all mail will be addressed to this contact).

Mr Mrs Miss Dr Surname

Given names

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Telephone number

Facsimile number

Email address

Secondary contact (if required)

Mr Mrs Miss Dr Surname

Given names

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Telephone number

Facsimile number

Email address

Contribution details

We use this information to help you get started with your chosen contribution lodgement and payment options. See the Transuper *Employer Information Booklet* for more information about making contributions.

Lodgement options

I intend to lodge future contribution information using:

- A payroll company EmployerAccess Excel spreadsheet upload Payroll file upload
 Email Paper Not sure

Payment options

I intend to lodge future contribution payments using:

- BPAY EFT Cheque Not sure
 Direct debit (please complete and return the *Employer direct debit request* form provided in the *Employer Information Booklet*).

Contribution frequency

Please note that voluntary member and employer contributions must be paid to Transuper within 28 days of the end of the month in which the contribution was made. We prefer to receive SG contributions monthly.

I intend to make SG contributions:

- Monthly Quarterly

Administration

This section is optional.

1. Would you like to nominate Transuper as your default fund? Yes No
2. Would you like to receive information about SUPERClear? (Transuper's third party clearing house for Choice of Fund contributions) Yes No
3. Would you like a Client Relations Officer to visit your workplace? Yes No
4. Current total number of employees

Direct marketing material

From time to time, we may send you direct marketing material (including marketing material by third parties) about special offers and promotions which are available to Transuper employers and members.

If you do not want us to use your contact information to send you direct marketing material, please tick this box:

We respect your privacy

The personal information that we collect from you is used solely to manage your participation in Transuper. Our *Employer Information Booklet* explains how we collect, use and protect members' personal information. Call us on 1800 808 799 or visit www.transuper.com.au for a copy.

Declaration

By signing this form, I am applying to TWU Nominees Pty Ltd ('The Trustee') to become a Transuper Participating Employer.

I declare and agree:

- to be bound by the terms and conditions of the Fund's Trust Deed (as amended from time to time)
- to pay contributions on behalf of employees
- that I have received and read a copy of the *Employer Information Booklet*
- that the information provided in this application is true and correct.

Signed on behalf of the employer by:

Signature (please sign here)

Date

/ /

Print full name

Title/position held



Send your completed form to: Transuper, Locked Bag 5094, Parramatta NSW 2124