



WORKFLOW NUMBER

Employer Application

This request will be invalid if not completed, signed and dated.

IMPORTANT: This application needs to be completed in full in order to register your business as a participating employer with ACSuper.

EMPLOYER DETAILS

PLEASE USE BLOCK LETTERS AND **BLACK** INK WHEN COMPLETING THIS FORM.

REGISTERED NAME

TRADING NAME

REGISTERED ADDRESS - STREET ADDRESS / PO BOX

SUBURB / TOWN / CITY

STATE

POSTCODE

TYPE OF BUSINESS

AUSTRALIAN COMPANY NUMBER (ACN/ABN)

CONTACT DETAILS

MR/MRS/MISS/MS/DR/OTHER SURNAME

GIVEN NAMES

POSTAL ADDRESS - STREET ADDRESS / PO BOX

SUBURB / TOWN / CITY

STATE

POSTCODE

PHONE NUMBER

FAX NUMBER

POSITION WITHIN BUSINESS

EMAIL

DO YOU WISH TO RECEIVE SUPERANNUATION RELATED UPDATES BY EMAIL? (EG. NEWSLETTERS, SEMINARS)

YES

NO

CONTRIBUTION COMMENCEMENT DATE

This is the date from which you nominate to pay contributions.

DATE CONTRIBUTIONS TO START (DD/MM/YYYY)

Please note: Members Insurance Cover will take effect from the commencement date indicated above.

PRIVACY

Please note that by sending ACSuper personal information about yourself, you are agreeing to the following:

1. That you have read the ACSuper Privacy Policy and understand how ACSuper intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
2. That ACSuper can use this information for the purposes of administering your superannuation account.

For complete details of the ACSuper Privacy Policy please refer to page 29 of the ACSuper PDS or alternatively, visit our website www.acsuper.com.au.

APPLICATION TO BECOME AN EMPLOYER SPONSOR

The employer applies to become an employer sponsor of ACSuper and submits this application and the information contained in it for that purpose. The employer agrees that the Trustee accepting its application to become an employer sponsor of the Fund for the purpose of providing superannuation benefits for its employees, the employer will comply with the terms of the Trust Deed of the Fund as amended from time to time. The employer further agrees that it will make contributions for or on behalf of its eligible employees in accordance with arrangements made with the Trustee from time to time. The employer acknowledges having received and read the information provided in the Employer PDS to which this Application is attached prior to completing and submitting this Application for the Trustee's approval.

SIGNATURE OF AUTHORISED OFFICER

X

DATE (DD/MM/YYYY)

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NAME OF AUTHORISED OFFICER (PLEASE PRINT)

POSITION OF AUTHORISED OFFICER (PLEASE PRINT)

AUTHORISATION

EMPLOYER'S SIGNATURE

X

DATE (DD/MM/YYYY)

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NAME OF EMPLOYER REPRESENTATIVE (PLEASE PRINT)

POSITION OF EMPLOYER REPRESENTATIVE (PLEASE PRINT)



Return this completed form to:
Australian Christian Superannuation
Customer Service Centre
PO Box 3401, Albury NSW 2640