



Employer join form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

Please ensure you read the current Accountants Super Product Disclosure Statement (PDS) and Incorporated Information. If you do not have these documents, please download them from our website, www.accountants-super.com, or request them to be posted by calling 1300 651 331. Please note that information about your employer account and your employee members can only be provided to the contact person nominated in Section 1, the authorised signatories in Section 3.

1. Your Accountants Super employer details

Your Accountants Super employer number (if known)

Employer business name

Trading name

Postal address

Suburb / town

State

Postcode

ABN / ACN

Contact Details

Contact name

Position

Email address*

Phone (business hours)

Fax

Association membership (For example CA, CPA, FPA, TIA, NIA)

2. Additional information

How did you hear about Accountants Super?

Total number of employees

Will Accountants Super be the default fund for your employees?

 Yes No

If 'No', what is the name of your default fund/s?



3. Authorised signatures

Name

Position

Signature

Name

Position

Signature

4. Making contributions

How frequently will you be contributing for your employees?

Monthly

Quarterly

Accountants Super issues pre-printed contribution returns to employers on a regular basis to make payment of contributions easy. Your contribution returns will be mailed on the same frequency as your payment frequency. You may prefer to submit employee details and contribution breakdowns electronically, especially if you have a large number of employees. For further information on the convenient options available, please call 1300 651 331.

5. Privacy statement

The Trustee of Accountants Super is committed to complying with the National Privacy Principles. Details supplied on this form are used solely for the purposes of administering your participation in the Fund. Our Privacy Statement outlines how we collect, store and use an individual's personal information in accordance with these Principles. For a copy of our Privacy Statement, please visit our website www.accountants-super.com or call us on 1300 651 331.

6. Declaration

I am authorised to enrol the named employer in Accountants Super and agree to be bound by the terms and conditions which govern the Fund. I have read and understood the PDS and Incorporated Information and acknowledge that the membership of my employees will be administered as outlined in the PDS and Incorporated Information and as updated from time to time.

Signed

Date

7. Please return this form to:

Accountants Super
Locked Bag 5092
Parramatta NSW 2124

For further information:

Phone: 1300 651 331
Fax: 1300 655 490
Email: info@accountants-super.com
Website: www.accountants-super.com

Professional Associations Superannuation Limited
(ABN 14 056 917 303 AFSL 222590 RSE L0000352)
as Trustee of Professional Associations Superannuation
Fund (PASF) (ABN 78 984 178 687 RSE R1000429).
Accountants Super is a division of PASF.