

Employer enrolment form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

Please ensure you read the Accountants Super Product Disclosure Statement. If you do not have this document, please download one from our website, www.accountants-super.com, or request one 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, or the adviser named in Section 4.

If adviser fees will apply to your employees Accountants Super accounts, you must advise your employees prior to enrolling them.

1. Your Accountants Super employer details (You must complete all details in this section)

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* (Please do not leave any spaces empty, continue word on next line if necessary)

*Providing your email address means you are willing to receive important information about your Accountants Super account and other benefits and services by email.

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. Adviser details

Dealer group

Accountants Super
adviser number

Adviser name

Postal address

Suburb / town

State

Postcode

Phone (business hours)

Fax

Email address (Please **do not** leave any spaces empty, continue word on next line if necessary)

Adviser fees

Contribution fee

 . % (up to 3.00%)

Rollovers and transfers fee

 . % (up to 3.00%)

Asset fee

 . % (up to 0.50%)

Adviser stamp

Signed by adviser

Date



5. 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.

6. 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.

7. 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 Product Disclosure Statement (PDS) and acknowledge that the membership of my employees will be administered as outlined in the PDS and as updated from time to time. If adviser fees will be deducted from my employees Accountants Super accounts, I have advised my employees prior to enrolling them.

Signed

Date

8. Please return this form to:

Accountants Super
GPO Box 3607
Melbourne Vic 3001

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.



9. Initial contribution details (if applicable)

If you are using this form to make an initial contribution, please complete the following details.

Contribution period from to

Total contribution amount \$

Please also complete Section 10 and ensure the contribution amount equals the breakdown amounts. Please attach a cheque for the total contribution amount.

10. Member details and contribution breakdown

Please ensure that you provide all the member details required. Accountants Super is authorised to collect Tax File Numbers (TFN) under the Superannuation Industry (Supervision) Act 1993 and will only use them for lawful purposes. From 1 July 2007 where an employee quotes a TFN for employment purposes it will be automatically taken to be quoted for superannuation purposes and the TFN is required to be passed on.

Member details

Accountants Super member number (if known)

Title

Surname

Given name

Date of birth

Address

Suburb / town

State

Postcode

Phone (after hours)

Mobile

Phone (business hours)

Tax File Number

Does this employee spend at least 90% of their working hours in an office environment, without doing manual work?

Yes

No

Contribution breakdown

Superannuation guaranteed (\$)

Salary sacrifice / employer additional (\$)

Member voluntary (\$)

Member details

Accountants Super member number (if known)

Title

Surname

Given name

Date of birth

Address

Suburb / town

State

Postcode

Phone (after hours)

Mobile

Phone (business hours)

Tax File Number

Does this employee spend at least 90% of their working hours in an office environment, without doing manual work?

Yes

No