

Employer Stationery Order Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Your Business Details

Business or Trading Name

Accountants Super Employer Number (if known)

Street / Unit Number

Street Name

Suburb / Town

State

Postcode

Name of Contact

2. Stationery Items

Stationery Item Description

Quantity Required

Information Guide for Members incorporates all necessary application forms, insurance application form, member investment choice guide and form, salary continuance (Salarysafe) brochure

Insurance application form*

Salary continuance insurance (Salarysafe) brochure*

Member investment choice guide*

Member investment choice nomination form*

Member change of details form* incorporates nomination of beneficiary

Member tax file number notification form*

Annual report to members*

Stationery Item Description

Quantity Required

Member benefit payment advice form*

Employer's notification of cessation of employment of member form*

Monthly contribution return form (blank)*

Employer change of details form*

Newsletter (latest version)*

Information Guide For Employers

Key Features Statement

Employer New Member Enrolment & Initial Remittance form

Member Rollover/Transfer form

Note: all items marked with an asterisk* can be downloaded from our website: www.accountants-super.com

3. Declaration

I hereby declare that to the best of my knowledge and belief, the information I have provided is true and correct.

Signed

Date

4. Please return this form to:

Accountants Super
GPO Box 3607
Melbourne Vic 3001

For further information:

Phone: 1300 651 331
Fax: 1300 655 490
E-mail: asfinfo@accountants-super.com
Website: www.accountants-super.com

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