

Change of Employer Details

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Current Details

Accountants Super Employer Number (if known)

Employer Business or Trading Name

2. Update Employer Details (Please mark appropriate box and complete new details)

Change of Business Name (Complete Section 3)
 Change of Contact Details (Complete Section 4)
 Cessation of Trading (Complete Section 5)

3. Change of Business Name (Please attach documentation showing registration of your new name)

New Employer Business or Trading Name

4. Change of Contact Details

New Contact Details

Surname

Title

Given Name

Position

Street / Unit Number

Street Name

Suburb / Town

State

Postcode

Phone (Business Hours)

Fax

E-mail 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.

5. Cessation of Trading

If your business has ceased operating please complete the details below.

Date of Cessation of Trading

Are further contributions due to be paid to Accountants Super in respect of your employees? Yes No

Do you require the Accountants Super to contact your employees directly regarding their superannuation arrangements? Yes No

