



An authorised officer must complete all sections and sign. Use this form to enrol multiple employees in the Super Directions Fund with EASY start benefits.

1 Plan details

Plan name [] Plan reference []

2 Member details

Name: Title/Given name(s) [], Surname []
Postal address: Street number and name [], Town/suburb [], State/postcode [], Home telephone number [], Mobile phone [], Email address []
Sex: [] Male [] Female
Date of birth []

3 Employment details

Date joined employer [], Date joined plan [], Employer group/division name or number (if applicable) [], Payroll number (if applicable) [], Occupation [], Work status [], Hours worked (per week) [], Annual salary \$ [], Tax file number [], Were the members actively at work on the date of joining this plan? (performing normal duties of their usual occupation) [] Yes [] No

Each member will be enrolled with the defined insurance group as set out on the plan, or with EASY start options which are:
- Super Directions for Business: 1 unit of Death only insurance for casual employees or for members employed on a permanent basis and working less than 15 hours a week; 1 unit of Death and Total and Permanent Disablement insurance for members employed on a permanent basis and working for 15 or more hours a week
- Simple Super and Tailored Super: \$1 per week of Death only insurance for casual employees or for members employed on a permanent basis and working less than 15 hours per week; \$1 per week of Death and Total and Permanent Disablement insurance for members employed on a permanent basis and working for 15 or more hours per week
- No subsidised fees, and
- Super Guarantee funding only.

If you wish to nominate insurance benefit groups for your members, please complete this section.
Insurance Group []

4 Employer declaration

- I acknowledge that if the information about the members being actively at work on the date they joined this plan is not accurate, it may result in the Insurer avoiding liability of the insurance risk.
I certify that all of the above information is true and correct.
I have received authority to disclose each member's tax file number and have met all obligations about that disclosure for superannuation purposes.
I have brought to the attention of the member(s) on this application, the Privacy disclosure statement contained in the product disclosure statement.

Authorised officer's name [] Authorised officer's signature [X] Date []



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