



For an authorised officer to complete and sign

Plan details

Plan name Plan reference

Payment groups

Please complete this section to define each of the payment groups and who will be the main contact for each group. Each member enrolment form must show which payment group the member belongs to. We have provided space for you to include additional payment groups if required.

- Contributions can be paid four weekly, monthly or quarterly
- If contributions are deducted weekly or fortnightly, select the four weekly payment option
- Quarterly contribution frequencies are paid in advance to maintain insurance.

Payment group details

Payment group number Payment group name (eg employer group, location, division or type of staff)

Contact details

Mr Mrs Miss Ms Other please specify

Surname (please print) Given name(s)

Position

Street number and name Town/Suburb State Postcode

Telephone number Facsimile number

Select your contribution types (please tick as many options as suit you)

Mandatory employer Member Salary sacrifice Employer 1 Employer 2

Select your payment frequency (please tick ONE option only)

4 weekly Monthly Quarterly

Select your payment preference (please tick ONE option only)

Please refer to your Employer Information brochure before selecting one of these options.

(a) Super Online* Please complete Super Online Registration form

Do you want to use payroll upload facility? Yes No

If yes, please advise the name of the payroll system/package your company uses:

(b) Automatic direct debit.*

(c) Direct debit on request, I will send you my payroll advice.*

(d) Direct debit on request. Please send me a contribution advice.*#

* Please complete Direct Debit Request Form.

(e) I will send you my payroll advice with my payment.

(f) Please send me a contribution advice.#

If you would like us to send you a contribution advice, how would you like it sorted?

Member name Member number Payroll number

I would like members' salaries printed on the contribution advice No Yes

Please start my payments from

Please turn over to complete additional payment groups (where required) and authorised officer's signature

Payment group details

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Payment group number

Payment group name (eg employer group, location, division or type of staff)

Contact details

Mr
 Mrs
 Miss
 Ms
 Other please specify

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Surname (please print)

Given name(s)

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Position

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Street number and name

Town/Suburb

State

Postcode

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Select your payment frequency (please tick ONE option only)

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If you would like us to send you a contribution advice, how would you like it sorted?

Member name
 Member number
 Payroll number

I would like members' salaries printed on the contribution advice No Yes

Please start my payments from

Have we met your payment needs?

Do you need a different payment arrangement?

Just send us your payroll contact details and we will personally arrange for your contribution payments to suit your needs.

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Payroll contact name

Telephone number

Authorised officer's signature

	X	
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Name of authorised officer

Signature of authorised officer

Effective date