



Super Directions  
**Acknowledgment of participating employer by associated employer(s)**

Super Directions Fund	
Fund name	Plan reference (if known)

	<b>X</b>
Participating employer's name	Participating employer's authorised officer signature

**Associated employers**

**1**

Employer's name

Street number and name	Town/Suburb	State	Postcode

Contact person

**2**

Employer's name

Street number and name	Town/Suburb	State	Postcode

Contact person

**3**

Employer's name

Street number and name	Town/Suburb	State	Postcode

Contact person

**Declaration of associated employer(s)**

The participation of the associated employer(s) named above in the Super Directions Plan established by the participating employer is hereby confirmed. The associated employer(s) acknowledge that certain provisions in the Trust Deed governing the Plan can be exercised by the participating employer only.

I declare that I am authorised to make this declaration on behalf of the respective associated employer named above.

**1**

<b>X</b>	/   /
Declarant's signature	Date

Declarant's full name	Occupation

**2**

<b>X</b>	/   /
Declarant's signature	Date

Declarant's full name	Occupation

**3**

<b>X</b>	/   /
Declarant's signature	Date

Declarant's full name	Occupation