



**This form is to be completed and signed by an authorised officer**

**1 Plan establishment details**

Plan name		Plan reference
/ /	/ /	
Plan commencement date	1st annual statement date*	* Must be within 12 months of plan commencement date

**2 Plan contact details**

Title	Given name(s)	Surname
Position		Company name
Street number and name		Suburb/town
State	Postcode	Work telephone number
		Facsimile number

**3 Authorised officers (at least two are preferred except if the employer is a sole trader)**

Title	Given name and surname	Position	Signature

**4 Employer declaration**

The Authorised Officers detailed above are authorised on behalf of the employer for the purpose of supplying to AXA Australia and to the Trustee any notice, comment or information required to facilitate the administration of the Fund.

I/We acknowledge that is the legislated responsibility of the employer to meet its Superannuation Guarantee obligations.

I/We understand that it is the employer's obligation to identify and comply with any applicable industrial award, Australian Workplace Agreement or certified agreement. If any applicable industrial award, Australian Workplace Agreement or certified agreement is varied to include new or amend existing superannuation provisions, and in the event of AXA Australia not being acceptable under the variation, I/we also understand that:

- future contributions may have to be paid to the other superannuation fund(s) as specified in the industrial award, Australian Workplace agreement or certified agreement, and
- some, or all, of the benefits resulting from contributions paid into the Fund may have to be transferred to another superannuation fund(s) as specified in the industrial award, Australian Workplace Agreement or certified agreement, and then:
- the normal charges will apply to benefits being transferred.

I/We request the establishment of the Employer Groups, if any, described overleaf, within the Plan.

I/We have been provided with and have retained for my/our own use the Product Disclosure Statement.

**Signature(s) of Company Director or Secretary, Partners or Sole Trader:**

(at least two signatures are required unless the employer is a sole trader or a sole director company)

		/ /
Name	Signature	Date
		/ /
Name	Signature	Date

**Office use only: Adviser name(s)**

Agency number

Telephone number

		( )
		( )
%	%	
Retirement Contributions	Transfers/Rollovers/Specials	

## 5 Employer groups

Please complete this section if the plan contains multiple employer groups. We will contact each employer group separately for the administration of members in that group. If no groups are indicated, we will correspond with the plan contact.

<input type="text"/>	<input type="text"/>
Employer group number	Employer group name

### Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Street number and name	Suburb/town
<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Postcode	Work telephone number ( )
		Facsimile number ( )

### Authorised officers

Title	Given name and surname	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>
Employer group number	Employer group name

### Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Street number and name	Suburb/town
<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Postcode	Work telephone number ( )
		Facsimile number ( )

### Authorised officers

Title	Given name and surname	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>
Employer group number	Employer group name

### Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Street number and name	Suburb/town
<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Postcode	Work telephone number ( )
		Facsimile number ( )

### Authorised officers

Title	Given name and surname	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>