



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

**Plan details**

Plan name	Plan reference
-----------	----------------

**Subsidised fees groups**

Please complete this section if part or all of the fees shown are to be subsidised or paid by the employer. Each member application will need to show which, if any, subsidised fees group is to apply for that member.

Subsidised fees group number	Subsidised fees group name	%	%	%
		Contribution fee	Member fee	Insurance premium
Subsidised fees group number	Subsidised fees group name	%	%	%
		Contribution fee	Member fee	Insurance premium

**Billing groups**

Please complete this section to define each of the bill types to be produced and who will receive them. Each member application must show which billing group the member belongs to. Additional billing groups can be defined overleaf.

**Notes for billing groups**

- Contributions can be billed four weekly, monthly or quarterly.
- If contributions are deducted weekly or fortnightly, select the four weekly billing option.
- Quarterly contribution frequencies are billed in advance.
- If direct debit is selected for any contributions, please attach a Direct debit authority form.

**Billing group details**

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

**Contact details**

Title	First name	Surname
Position		
Street number and name	Town/Suburb	State
		Postcode
Telephone ( )	Facsimile ( )	

**Billing details**

<b>Contribution types</b>	<b>Contribution frequency (please tick)</b>	<b>Direct debit (please tick)</b>
Mandatory employer (concessional)	<input type="checkbox"/> 4 weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer 1*	<input type="checkbox"/> 4 weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer 2**	<input type="checkbox"/> 4 weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salary sacrifice	<input type="checkbox"/> 4 weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member (non-concessional)	<input type="checkbox"/> 4 weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Yes <input type="checkbox"/> No

Billing group pay period from  to

I would like bills produced for this group  Yes  No (billing group to produce own bills)

If yes, please advise the number of days before the end of each pay period bills are to be produced

Sort bill by (please tick)  Member name  Member number  Payroll number

I would like members' salaries printed on the bill  Yes  No

\* Employer 1 – contributions paid over and above the minimum compulsory superannuation requirements

\*\* Employer 2 – contributions needing special accounting or identification

**Billing group details**

--	--

Billing group number

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

**Contact details**

--	--	--

Title

First name

Surname

Position

--	--	--	--

Street number and name

Town/Suburb

State

Postcode

( )	( )
-----	-----

Telephone

Facsimile

**Billing details****Contribution types**

Mandatory employer (concessional)

Employer 1\*

Employer 2\*\*

Salary sacrifice

Member (non-concessional)

**Contribution frequency (please tick)** 4 weekly  Monthly  Quarterly 4 weekly  Monthly  Quarterly 4 weekly  Monthly  Quarterly 4 weekly  Monthly  Quarterly 4 weekly  Monthly  Quarterly**Direct debit (please tick)** Yes  No Yes  No Yes  No Yes  No Yes  NoBilling group pay period from  /  to  / I would like bills produced for this group  Yes  No (billing group to produce own bills)If yes, please advise the number of days before the end of each pay period bills are to be produced Sort bill by (please tick)  Member name  Member number  Payroll numberI would like members' salaries printed on the bill  Yes  No

\* Employer 1 – contributions paid over and above the minimum compulsory superannuation requirements

\*\* Employer 2 – contributions needing special accounting or identification

**Billing group details**

--	--

Billing group number

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

**Contact details**

--	--	--

Title

First name

Surname

Position

--	--	--	--

Street number and name

Town/Suburb

State

Postcode

( )	( )
-----	-----

Telephone

Facsimile

**Billing details****Contribution types**

Mandatory employer (concessional)

Employer 1\*

Employer 2\*\*

Salary sacrifice

Member (non-concessional)

**Contribution frequency (please tick)** 4 weekly  Monthly  Quarterly 4 weekly  Monthly  Quarterly 4 weekly  Monthly  Quarterly 4 weekly  Monthly  Quarterly 4 weekly  Monthly  Quarterly**Direct debit (please tick)** Yes  No Yes  No Yes  No Yes  No Yes  NoBilling group pay period from  /  to  / I would like bills produced for this group  Yes  No (billing group to produce own bills)If yes, please advise the number of days before the end of each pay period bills are to be produced Sort bill by (please tick)  Member name  Member number  Payroll numberI would like members' salaries printed on the bill  Yes  No

Please keep a copy of the completed form for your records. You will need the information to complete application forms for new members.

\* Employer 1 – contributions paid over and above the minimum compulsory superannuation requirements

\*\* Employer 2 – contributions needing special accounting or identification

**Authorised officer's signature**

	<b>X</b>	/ /
--	----------	-----

Name of authorised officer

Signature of authorised officer

Effective date