Super Directions
Award compliance confirmation

The adviser must complete and sign in all cases

1 Compliance with Awards or Agreements

It is a requirement where a superannuation arrangement is contained in an Award or Employment Arrangement that the Employer complies with the terms of those arrangements.

Employer name | ABN

Street number and name | Town/Suburb | State | Postcode

2 Employer association membership details (if any)

Association name

3 Information provided by Authorised Officer

Name | Position with Employer

Provide the following information in respect of the membership to be covered by the Super Directions Fund. Please indicate if Federal Award (tick) or State Award (include State name).

Names of Award/AWA/ Certified Agreement	Federal Award	State Award eg VIC, NSW	Worksite location suburb, state	Number of employees	% of union membership

4 Confirmation of Award compliance

If this section is not completed, AXA may seek professional advice on your behalf.

Plan name was certified as complying with Industrial Award and Agreement regulations by:

Title | Given name(s) | Surname

Business name | Certification date

Street number and name | Town/Suburb | State | Postcode

Any comments

Adviser name | Business development manager name | Date

X Signature | X Signature | Date

Office use only

Plan reference

Can we help? Customer Service PO Box 14669 Melbourne VIC 8001 Telephone 133 056 Facsimile 1800 502 201
Fund: Super Directions Fund ABN 78 421 957 449
Trustee: N.M. Superannuation Pty Ltd ABN 31 008 428 322 AFS Licence No. 234654
Member of the Global AXA Group

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