

Election of Australian Catholic Superannuation as Default Fund



Use this form to apply to join Australian Catholic Superannuation on behalf of your employees. Our aim is to make it as easy as possible for you to organise and manage employees super with our Fund. Our services include:

- Flexible contribution payment options
- Access to a free clearing house facility
- Half-yearly employer newsletters
- Workplace visits to provide you and your staff with general or tailored superannuation education sessions (subject to location)
- Experienced Australian Catholic Superannuation staff who can answer your questions and deal with any concerns you may have.

We recommend you consider the relevant PDS, Factsheets and Target Market Determination (TMD) to help you understand the class of consumer the product is generally designed for. Access is available on the Forms and Downloads section of our website at www.catholicssuper.com.au/factsheets.

Simply complete this form using a dark pen and capital letters or type directly into this form online, print it out and send it to us. Ensure all appropriate check boxes are marked with an (X). Once the form is complete, remember to sign and date it. Return the form to:

Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805

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☎ 1300 658 776

🌐 www.catholicssuper.com.au

🐦 @AusCathSuper

@ fundoffice@catholicssuper.com.au

1 Employer details

Please provide the following employer details.

Trading name

Registered name of company

ACN / ABN / ARBN:

Postal address

Suburb

State

Postcode

2 Company contact

Details should be provided for the person in charge of paying super at your company.

Title

Surname

Given names

Telephone number

Fax

Email

3 Employee details

This application to join Australian Catholic Superannuation is made on behalf of:

1 – 10 employees

11 – 20 employees

More than 21 employees

Are any of these employees already members of Australian Catholic Superannuation?

Yes

No



Form continues overleaf

Australian Catholic Superannuation – Offices in, Brisbane, Canberra, Perth, Port Macquarie, Sydney, Townsville

? Did you know

We offer members flexible, cost-effective death and disability insurance. To arrange an information session for your employees, call **1300 658 776** to arrange a workplace visit from one of our experienced staff.

4 Employees absent on the day of application

List the details for all employees (excluding casual employees) who were not performing their normal duties (or hours) due to sickness or injury on the date of application to join Australian Catholic Superannuation.

If you are providing details for more than six employees, please attach a separate sheet.

Details of employee

Surname of employee

Date of birth

Given names of employee

Reason for absence

Expected return to work date

Surname of employee

Date of birth

Given names of employee

Reason for absence

Expected return to work date

Surname of employee

Date of birth

Given names of employee

Reason for absence

Expected return to work date

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! Take note

Don't forget to sign and date your form before sending it back to us. Please note: we will not accept a digital signature.

5 Declaration

I am applying to be a participating employer of Australian Catholic Superannuation. I have understood and read the *Superannuation Product Disclosure Statement*. I/We declare and agree:

- To be bound by the provisions of the Trust Deed including any amendments
- To supply all information it requires for the management and administration of the Fund
- That I/we have obtained, read and understood the latest Product Disclosure Statement and incorporated information
- That the information on this application is true and correct to the best of my knowledge
- That I have read the Fund's Privacy Policy and agree that the Trustee may use the information on this form for the purposes described
- To inform the Trustee of a terminating employee or otherwise ceasing to make contributions for an employee within 30 days of the event.

Signatory 1

Full name

Job title

Signature



Date

Signatory 2

Full name

Job title

Signature




Date

PRIVACY STATEMENT: By signing this form you consent to Australian Catholic Superannuation and Retirement Fund collecting and using personal information to manage the employees superannuation and to comply with relevant legislation. If you do not provide this information, we may not be able to accurately manage the employees superannuation. The employees personal information may be disclosed to other parties, including the Trustee Board, the Fund's Insurer and professional advisors, government bodies and the trustee of any other fund to which you transfer. For a copy of our privacy policy, visit catholicsuper.com.au or phone **1300 658 776**.


Contact us

Please sign and date this form and return it to us:


 Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805


 (02) 9715 0090

For more information contact our helpful staff:

 1300 658 776

 www.catholicsuper.com.au

 fundoffice@catholicsuper.com.au

 @AskAusCathSuper

