

Employer Details



If you have an employee who has chosen Australian Catholic Superannuation as their Fund of Choice, use this form to advise us of your company details. 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

✉ PO Box 656, Burwood NSW 1805

☎ 1300 658 776

🌐 www.catholicsuper.com.au

🐦 @AskAusCathSuper

@ fundoffice@catholicsuper.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

Provide details of the person in charge of paying super at your organisation.

Title

Surname

Given names

Telephone number

Fax

Email

3 Payment details

Please refer to your clearing house on how payments will be made. If you do not have a clearing house please contact us for assistance.

Form continues overleaf ▶



? 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 Employee details

Please provide details for your employee requesting Australian Catholic Superannuation as their Fund of Choice.

Title	Surname	
<input type="text"/>	<input type="text"/>	
Given names	Date of birth	
<input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	Home telephone number	Australian Catholic Superannuation Number (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	

! Take note

Don't forget to sign and date your form before sending it back to us.

5 Signature

Name of employer contact	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>

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



Complying fund notice

To whom it may concern



Australian Catholic Superannuation & Retirement Fund Compliance

Australian Business Number (ABN) **24 680 629 023**

Superannuation Fund Number (SFN) **117 602 949**

Superannuation Product Identification Number (SPIN) **SCS0100AU**

Registrable Superannuation Entity Registration Number (RSE) **R1055436**

Unique Superannuation Identifier (USI) **24 680 629 023 111**

SCS Super Pty Limited as Trustee of the Australian Catholic Superannuation and Retirement Fund certifies that:

- The Fund is a resident regulated superannuation fund operated in accordance with the *Superannuation Industry Supervision Act 1993* (SIS Act) and is not subject to a direction under section 63 of the Act.
- The Trust Deed governing this Fund complies with Part 6 of the SIS Act.
- The Fund meets the minimum statutory death insurance cover required for Choice of Fund.
- The Trust Deed permits benefits of any amount to be transferred into the Fund.
- If you are a current member, the Fund will accept contributions from any employer who completes our *Employer application form* or *Employer details form*, available from our website www.catholicsuper.com.au or your local Fund office.
- Members cannot borrow against their superannuation benefits.
- Members are only permitted to receive benefits on their retirement from the workforce or on reaching their minimum preservation age, i.e. 55–60 years of age (depending on date of birth), whichever is the latter, or in special circumstances such as financial hardship as determined by the Trustee or on compassionate grounds approved by the Australian Prudential Regulation Authority.

To remit payment, please send a cheque and details of the contribution to: **Australian Catholic Superannuation and Retirement Fund**, PO Box 656, Burwood NSW 1805.

The Fund's Product Disclosure Statement should be considered when making a decision about the Fund.

Further details are available from our website www.catholicsuper.com.au or by calling **1300 658 776**.

Yours sincerely



Greg Cantor
Chief Executive Officer

If you are a current member of the Fund, are eligible for Super Choice and want your future Superannuation Guarantee contributions to be made to the Fund, you should attach this letter to your completed *Standard Choice Form* and return both to your employer to confirm:

- details of your chosen fund
- the complying Fund statement
- that the Fund accepts employer contributions.



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