# Catholic Super employer application



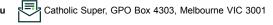
#### **About this form**

Please complete this form if you wish to nominate Catholic Super as a default fund in your workplace. Before completing this form, you should read the *Catholic Super Product Disclosure Statement (PDS)*. You do not need to complete this form if you are only intending to make contributions for an employee who has nominated Catholic Super as their choice fund. If you have any questions, please contact us on 1300 655 002.

1 – Your employer details	Please complete in pen using CAPITAL letters
Trading name	
Registered company name	
Business address	
Suburb	State Postcode
Postal address (if different from above)	
Suburb	
State Postcode Country (if not Austra	ia)
ABN / ACN Total numb	er of employees Do you work in the transport industry?
	Yes No
2 - Your contact details (Primary contact)  Title:	
Mr Mrs Ms Miss Other	
First name	Last name
Position title	
Postal address (if different from company address above)	
Suburb	State Postcode
Business hours phone Fax	Mobile
Email	

Need help?



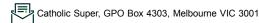


# 2 - Your contact details (Secondary contact) Title: Other Mr Mrs Ms Miss First name Last name Position title Postal address (if different from company address above) Postcode Suburb State Business hours phone Fax Mobile Email 3 - Choice of fund You do not need to complete this form if you are only intending to make contributions for an employee who has nominated Catholic Super as their choice fund. If you have any questions, please contact us on 1300 655 002. I/We wish to nominate Catholic Super as a nominated Employer fund under Choice of Fund legislation. 4 - Contribution arrangements Contribution frequency Fortnightly Monthly Quarterly Date (ddmmyyyy) First contribution period end date (if known) How do you want to report super contributions? Catholic Super's OnlineQ<sup>™</sup> - you can set this up yourself by registering at csf.com.au/onlineq-application Via your existing clearing house or payroll provider. Your provider is Other - note current arrangements below:

# Need help?









### **Privacy**

You can view Catholic Super's Privacy Statement online at csf.com.au/privacy or contact us for a copy on 1300 655 002.

### 5 - Sign the form

#### By signing this form I/We:

- have read and understand the Catholic Super PDS and hereby apply to participate as an employer in Catholic Super.
- agree to be bound by the provisions of the Trust Deed and Fund Rules as amended from time to time.
- agree to provide details of employees commencing or ceasing employment as soon as possible, in the interests of member benefits and options.

Director/Secretary (1) First name	Director/Secretary (2) First name:
Director/Secretary (1) Last name	Director/Secretary (2) Last name:
Director/Secretary (1) Signature	Director/Secretary (2) Signature
X	X
Date signed (ddmmyyyy)	Date signed (ddmmyyyy)

Please return your completed form to Catholic Super, GPO Box 625, Collins Street West, Melbourne VIC 8007.





