## **Employer Contact Form**

Please complete the sections below and return to: PO BOX 666, CARLTON SOUTH, VIC 3053 Alternatively, complete the online form at firstsuper.com.au/join



Section 1 – Employer details	
Business name	
ABN or ACN	
Trading address	
Town/Suburb/City	State Postcode
Postal address (if different from above)	
Town/Suburb/City	State Postcode
Website (if applicable)	
Number of employees working for the business: Full time Part time Casual	
Will First Sun on he your Englaver Default Fund under S	
Will First Super be your Employer Default Fund under S Yes No	uper choice?
Who is your most senior person (CEO, General Manager, e	etc)?
Full name	Position
Section 2 – Employer contact details	
Contact Person 1.	
Given name(s)	Surname
Position	Telephone
Email	Mobile
Contact Person 2.	
Given name(s)	Surname
Position	Telephone
Email	Mobile

## **Communication preference**

Please indicate your preferred method of contact and provide details if different from above.

	Email													
	Telepho	ne												
	Mail													
	Face to f	face												
When is the most suitable time to contact you?														
Monday Tuesday Wednesday Thursday Friday AM PM														
Section 3 – Contribution payments														
Con	Contribution Payment frequency:													
Weekly Fortnightly Monthly Quarterly														
<b>First Super Clearing House</b> First Super Clearing House* allows you to make contribution payments to multiple funds in one transaction. Would you like to register for the First Super Clearing House?														
	No	Yes If	yes, we will se	end you a co	py of the $\ell$	Cleari	ng H	ouse F	Proc	duct Di	isclosur	re Stateme	ent t	o complete.
	<b>it other r</b> mple: CB		r funds do you	ı contribute	to on bel	half of	f you	r emp	loy	ees?				
1.						4.								
2.						5.								
3.						6.								
S	ection	4 – More	support for	· your bus	iness									
	to conta	act me and	cal First Supe I arrange a wo							ne cop atemer		ne First Su	iper	- Product
	l am int on Supe	ree of charge). am interested in running an information session n Superannuation and Retirement Planning for ny employees (free of charge).												
S	ection	5 – Sign	the form											
I have read and understand the Privacy Policy which can be viewed at <b>firstsuper.com.au/privacy-policy</b> and consent to my personal information being collected, disclosed and used as described in that Policy.														
Plea	ise sign l	here								<b>D</b> , (		00000		
										uate (	DD/MM	/ Y Y Y Y J		]
												/	/	
	Please	return tl	nis complet	ed form by	у	Wan	t to	knov	v m	ore?	We're	here to	he	lp.
		First Super PO Box 666				Call Emai		1300 mail@			er.com.a	IU		
			uth, VIC 3053			Webs				r.com.				
		orms@firs	tsuper.com.au											
First 9	Super Ptv I to	d ABN 42 053 4	98 472, AFSL No. L2	23988, Anril 2015	7.									
* First Super's Clear in Buse is managed by Super Benefits Administration and trust industry. 2 Description of administration and consulting services for the superannuation and trust industry. 2 Description of the superannuation and trust industry.														

SBA is provide a learning house service on behalf of its client submit alout Py Ltd. Super Choice State a product of animatation and total mitted strategies of the super choice and total strategies of