Perpetual MySuper



Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315 MySuper product authorisation number 51068260563643

NEW EMPLOYEE DETAILS

Please complete all pages of this form in black ink using BLOCK letters.

If you have more than three new employees joining MySuper, please photocopy this form, or you can print a copy from the forms section on our website. Please note that you must provide these employees with a copy of the current Product Disclosure Statement. Your employees should complete the appropriate forms in the current PDS and return them to Perpetual.

Complete this form:

Member 1

- when joining Perpetual MySuper as a Participating Employer (along with the 'Participating employer application' form) or
- when adding new employees to your existing Participating Employer plan.

employer name												
employer number			(if know	'n)								

Member information

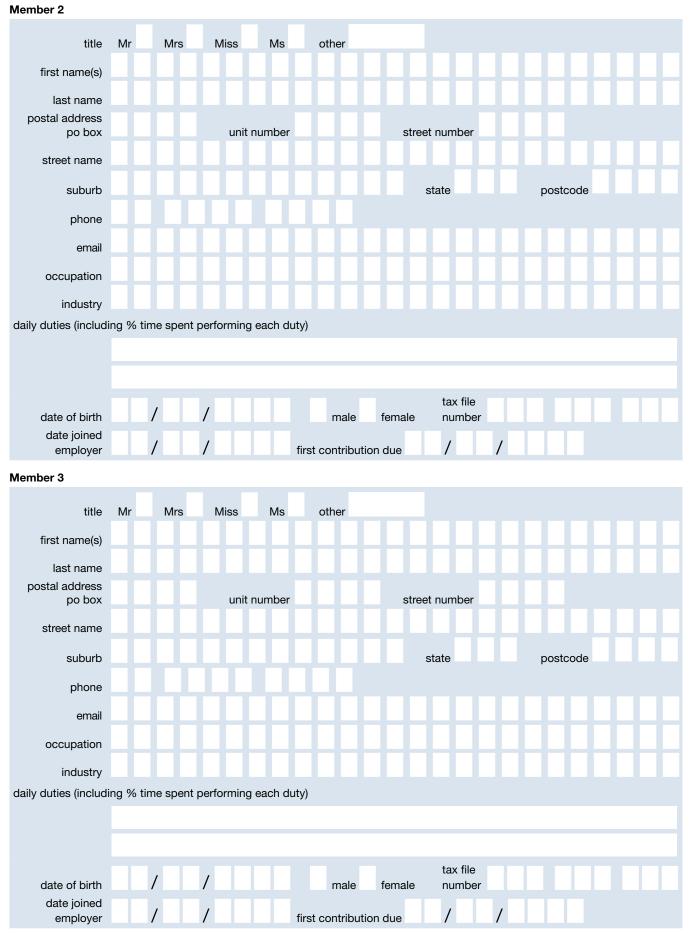
Note: Where an employee completes a TFN declaration form for employment purposes you must provide their TFN to the Fund when you make the first contribution for them or, if it is not available at that time, within 14 days of receiving it, otherwise you may be liable for a penalty issued by the ATO. When a TFN has not been quoted by an employee, we will be required to deduct additional tax on all concessional contributions received on behalf of an employee. We are also unable to accept any non-concessional contributions from your employee.

For more information regarding the provision of TFNs please see the PDS. An exemption is not considered to be a TFN.

Mr title Miss Mrs Ms other first name(s) last name postal address unit number street number po box street name suburb state postcode phone email occupation industrv daily duties (including % time spent performing each duty) tax file date of birth male female number date ioined employer first contribution due

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Member information (continued)



Member information (continued)

Member 4

title	Mr	Mrs	Miss	Ms	other
first name(s)					
last name postal address					
po box			unit	number	street number
street name					
suburb					state postcode
phone					
email					
occupation					
industry					
daily duties (includi	ing % tin	ne spent	performing	each duty	ty)
					tax file
date of birth		/	/		male female number
date joined employer		/	/	fi	first contribution due
Member 5					
title	Mr	Mrs	Miss	Ms	other
first name(s)					
last name					
postal address po box			unit	number	street number
street name					
suburb					state postcode
phone					
email					
occupation					
industry					
daily duties (includi	ing % tin	ne spent	performing	each duty	ty)
					tax file
date of birth		/	/		male female number
date joined		/	1		first contribution due
employer		/	/	ti ti	first contribution due / /
authorised signature					date / /

Please return the completed form to: Reply Paid 4171, Perpetual MySuper, GPO Box 4171, Sydney NSW 2001.