



Perpetual MySuper

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

PARTICIPATING EMPLOYER APPLICATION

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

1. Employer details (must be completed)

full name of employer																																
ABN																																
street name																																
suburb																state						postcode										
phone (after hours)																fax																
email																																

Default fund: Perpetual MySuper (MySuper) has been nominated as the 'default fund' for the payment of Superannuation Guarantee contributions for our employees who have not nominated another superannuation fund. yes no

2. Contact details (must be completed)

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other <input type="checkbox"/>																											
first name(s)																																
last name																																
job title																																
postal address																																
suburb																state						postcode										
phone																fax																
email																																

3. Contribution details (must be completed)

Contribution frequency*	quarterly <input type="checkbox"/>	monthly <input type="checkbox"/>	* It is a legislative requirement that all superannuation guarantee contributions must be paid at least quarterly.																											
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4. Adviser (optional)

If you would like your adviser to receive copies of correspondence relevant to you – please indicate.

adviser																															
company																															
postal address																															
suburb																state						postcode									

I/We acknowledge that the Trustee will hold personal information about me/us and will disclose this information to my/our adviser (whose details are above) in relation to the information described on this form. I/We acknowledge that the Trustee will cease to disclose this personal information if I/we notify the Trustee that the adviser above no longer acts on my/our behalf.

5. Authorised signatories (complete only if different to the signatures in the applicant's declaration below)

The Trustee is authorised to accept on behalf of the Participating Employer the signature of a person(s) advised by the Participating Employer for the payment of any benefits from MySuper or for communication of any information required to facilitate the administration of MySuper.

full name	
position	
signature	
full name	
position	
signature	

6. Applicant's declaration and signature (must be completed)

- I/We hereby make application for admission as a Participating Employer under the Employer sponsored category of Perpetual's Select Superannuation Fund as from the date hereof.
- I/We have read and agree to be bound by any disclosures in the current Product Disclosure Statement and I/we agree to be bound by the provisions of the Trust Deed (as amended from time to time).
- I/We have read and understand the privacy information.
- I/We agree to execute such other documents as the Trustee may reasonably require in order to record our admission as a Participating Employer of Perpetual MySuper.
- I/We acknowledge that our participation as a Participating Employer shall take effect in accordance with the particulars set out in this application form and any other schedule or form consented to by the Trustee.
- If I/we have negotiated a lower administration fee to apply to all members of my/our employer group, I/we acknowledge that the amounts initially agreed may be varied by the Trustee with 30 days' notice to me/us and members of my/our employer group.
- I/We acknowledge that neither the Trustee nor any other company in the Perpetual Group guarantees the repayment of capital or performance of the Perpetual MySuper and the investment option.
- I/We acknowledge and understand that (unless told otherwise), Perpetual may use the details in this form to provide me/us with further information about the services offered by Perpetual (including Perpetual MySuper and other services).
- I/We undertake to provide all employees joining my/our Participating Employer Plan with a copy of the current Product Disclosure Statement.
- I/We agree to pass on a new employee's TFN to the Trustee when making a contribution to the Fund or, where no contribution is made, within 14 days of receiving it.

If you do not wish to receive further information about the services offered by Perpetual, please tick the box.

full name		
signature		position/ capacity
full name		
signature		position/ capacity

Is this a single director company? yes no date / /

7. Mailing instructions

- Also include a 'New employee details' form, a 'Member application' form (for each new employee) and attach them to this form.
- Return this form and attachments to: **Reply Paid 4171, Perpetual MySuper, GPO Box 4171, Sydney NSW 2001.**

8. Adviser use only

name of adviser																															
phone (business hours)																mobile															
email																															
[1] perpetual adviser ID																															
OR [2] dealer group AND																															
dealer branch*																															
<small>*City or suburb of the dealer group office you operate through</small>																															
If Senior Adviser details are completed above, please also provide name of your accountant:																															
adviser signature																date		/		/											
																												ADVISER STAMP			

Additional notes
