

Choice of Fund

Employer Registration Form



Who should use this form?

This form should be completed prior to sending contributions through for your employee who has elected to have superannuation guarantee (SG) or salary sacrifice contributions sent to an ESSSuper Accumulation Plan account under the Choice of Fund rules.

You are not required to complete this form if you are a Victorian Government or emergency services employer.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Employee details

Employee's full name																								
Employee/Payroll no.													Date of birth		/		/							
Member no.																								
Employee's postal address																								
Suburb																								
State				Postcode																				

Section 2

Employer details

Business name																								
Trading name																								
Have you been issued a Reporting Centre number from ESSSuper?	<input type="checkbox"/>	Yes	If "yes" please provide the number													OR								
	<input type="checkbox"/>	No	If "no" please provide the following details. (If this is the first employee from your company that has nominated ESSSuper, you should select "No").																					
ABN/ACN		-		-		-																		
Street address																								
Suburb																								
State				Postcode																				
Postal address																								
Suburb																								
State				Postcode																				
Telephone	()													Fax	()					
Email address																								
Contact person																								

* A Reporting Centre Number will be allocated to you when ESSSuper receives this form for the first time. **Please note** if you have already registered to send contributions to ESSSuper for another employee, a Reporting Centre Number will have already been allocated to you. To obtain this number, call the Employer Assistance Line on 1300 768 776.

Section 3

Payment options

Please indicate the method you would like use to pay future contributions:

BPAY* EFT (direct credit)

* Only available for non Victorian Government or emergency services employers. Please indicate (above) if you would like to use the BPAY payment method and we will contact you with further information upon receipt of this form.

Section 4

Declaration

I acknowledge and agree on behalf of the employer detailed in Section 2 that:

- Compliance and record-keeping concerning superannuation guarantee obligations is the employer's responsibility.
- If the member's contributions or details change in the future, the employer will notify ESSSuper of any such change as soon as possible.
- ESSSuper reserves the right to return any contributions that have not been provided by the employer for the member's account.
- ESSSuper may request an employer to provide data and contributions via preferred methodologies and it reserves the right to decline to accept future contributions from an employer or a member.
- All information provided to ESSSuper will be treated in accordance with the provisions of the *Information Privacy Act 2000*. I, on behalf of the employer, have read and accept the statements relating to privacy appearing on the privacy statement found at www.esssuper.com.au
- The information provided on this form is true and correct.

Signature of authorised officer

Date / /

Name of authorised officer

PLEASE RETURN THE COMPLETED EMPLOYER REGISTRATION FORM TO ESSSUPER

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 (emergency services members) 1300 655 476 (state super members) | F 1300 766 757 | www.esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Information Privacy Act 2000 (Vic)* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at www.esssuper.com.au