

ESSuper Forms

Proudly serving our members

ESSuper 
Emergency Services & State Super

We've put together a selection of forms you might need when opening an ESSuper Accumulation Plan account.

For more information, or to download copies of any of our forms, please visit **essuper.com.au/forms**

Accumulation Plan application form

Transfer your super

Regular contributions

Choice of superannuation fund
Information sheet

Choice of fund
Employer registration form

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Section 2

Add money to your account

Please indicate whether you want to

- contribute regularly from your pay – complete the enclosed Regular contributions form and forward it to your employer, or if you are employed by the DE&T as a school-based staff member or principal, complete the *Salary Sacrifice for DE&T members to an Accumulation Plan (via SmartSalary.com.au)* form instead, available at esssuper.com.au/forms
- make a personal contribution of \$, . to your account*
- have your spouse make a spouse contribution of \$, . to your account*
- transfer money from another fund – complete and attach the enclosed *Transfer your super* form
- arrange for your employer to make superannuation guarantee (SG) contributions to your account. Please read the enclosed *Choice of superannuation fund information sheet* and complete and forward all relevant forms to your employer.
- arrange for ESSSuper to use your TFN to conduct regular searches of the ATO facility to locate any super you have elsewhere and help you consolidate your funds.

* Please attach a cheque for this amount. Once your account has been established, you will receive your Biller Code and Customer Reference Number so you can make contributions by BPAY.

Section 3

Default insurance cover (optional)

You may be eligible to receive default cover (equal to 3 units of Death and TPD cover) without having to apply for it.* If you're satisfied with this default cover, skip this section and **GO TO SECTION 4**. Alternatively, if you'd like to opt out of default cover, please mark the below box with an **[X]**.

I'd like to opt out of default insurance cover.

* Cover is subject to conditions and exclusions. Please read the Insurance Guide (AP.2) available on our website at esssuper.com.au/pds to determine if you are eligible for default cover. If you are ineligible for default cover or wish to increase or reduce your existing cover, then complete the *Vary your Insurance Cover for Accumulation Plan members form (ES167)* available on our website at esssuper.com.au/forms. The cost of automatic cover is \$3 per week (i.e. \$1 per unit per week) or \$156.54 per year.

Section 4

Investment choice

Please specify your investment choice for your Accumulation Plan account

Future contributions (including rollovers)

Standard Options

| | | | | |
|------------------|----------------------|----------------------|----------------------|---|
| Shares Only | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| High Growth | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Growth (default) | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Balanced | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Conservative | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Defensive | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Cash | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |

Alternative Options

| | | | | |
|--------------------------------|----------------------|----------------------|----------------------|---|
| Basic Growth | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Ethically Minded | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Total (must equal 100%) | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |

Note: If you do not make an investment choice for future contributions, all future contributions and investment earnings on those contributions will be deposited into the default option, Growth. If you rollover a benefit from another superannuation fund or from an ESSSuper product it will be invested in the same way as your future contributions.

Part B To be completed by current ESSSuper member to open an account for your spouse

Section 8 Personal details of current ESSSuper member

Only complete this section if you are applying for an account in the Accumulation Plan for your spouse. The details below should be for the person who is a current ESSSuper member, not the person who is applying to join the Accumulation Plan. The current ESSSuper member must also sign Section 9.

Member number

Title Mr Mrs Ms Miss Other (please specify)

Surname

Given names

Date of birth / /

Section 9 Declaration by current ESSSuper member

This declaration is only required to open an account for the spouse of the current ESSSuper member whose details are provided in Section 8.

I declare that:

- I am currently an ESSSuper member
- I agree to be bound by the terms and conditions of the *Emergency Services Superannuation Act 1986 (Vic)*
- the person who is applying to join the Accumulation Plan as listed in Section 1 is my spouse or de facto partner and currently lives with me on a permanent basis
- my spouse and I are Australian residents for tax purposes
- I understand that any contributions to my spouse's account belong to my spouse.

Signature of current member

Date / /



IMPORTANT: IF YOU ARE A NEW NON-OPERATIONAL EMERGENCY SERVICES EMPLOYEE PLEASE FORWARD YOUR COMPLETED FORM TO YOUR EMPLOYER. ALL OTHER MEMBERS SHOULD FORWARD THEIR COMPLETED FORM TO ESSUPER.

EMPLOYER USE ONLY

To be completed for all new non-operational emergency services employees.

Employer name

Employee/Payroll no.

Date commenced employment

 / /

Occupation

If the employee has not provided their Tax File Number, please provide below:

Employee's Tax File No.

 - -

Name of authorised officer

Signature of authorised officer

Date

 / /

Have you provided this employee with the *Accumulation Plan Product Disclosure Statement*?

 Yes No

ESSUPER OFFICE USE ONLY

MEC name

Appt date

 / /

For DB Members only

This is a Top-up account Personal member account

Please email the completed form to info@essuper.com.au or post to

ESSuper GPO Box 1974, Melbourne Vic 3001
 T 1300 650 161 | W essuper.com.au

At ESSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain copies of ESSuper's *Privacy Policy* and *Privacy Collection Statement*, please visit our website at essuper.com.au

Transfer your super

Issued: 1 July 2019

Before you start

- Transferring your super from other funds is easiest done on Members Online once you have received your personal login details, or you can complete this form.
- If you are transferring into a new account, please also complete the application form in the relevant Product Disclosure Statement at esssuper.com.au/pds
- Your other fund/s may charge a fee for withdrawing your money and your withdrawal may affect any insurance cover you have with your other fund/s.
- Please post the **original** form to ESSSuper as your original signature is required on this form.
- Alternatively, you can consolidate your super securely online by logging into your Members Online account at esssuper.com.au/login
- To transfer your insurance cover to the ESSSuper Accumulation Plan, complete the *Insurance and Super Transfer Form* available at esssuper.com.au/forms.

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

Section 1

Your personal details

Member number (leave blank if you are a new ESSSuper member)

Title Mr Mrs Ms Miss Other (please specify)

Surname

Given names

Date of birth / /

Postal address

Suburb

State Postcode

Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.

Residential address


Suburb

State Postcode

Telephone (business hours) () (after hours) ()

Telephone (mobile)

Email address

 By providing your email address, you are authorising ESSSuper to send communications including statement notifications to that address. This authorisation will apply until it is revoked by you.

Tax File Number - - You are not obliged by law to provide your TFN but there may be adverse tax consequences if you don't (refer to the relevant PDS or contact us for more information).

OFFICE USE ONLY

INS FORM ATT

Yes

No

Section 2

How many super funds are you transferring over money from?

How many super funds are you transferring money from?

Section 3

Details of funds you are transferring money from

Fund 1

Please provide the details of the super fund that you are transferring over from:

Member number

Name of fund

Postal address of fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

My whole benefit

Only part of my benefit. Please provide the amount. \$

Fund 2

Please provide the details of the super fund that you are transferring over from:

Member number

Name of fund

Postal address of fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

My whole benefit

Only part of my benefit. Please provide the amount. \$

Fund 3

Please provide the details of the super fund that you are transferring over from:

Member number

Name of fund

Postal address of fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

My whole benefit

Only part of my benefit. Please provide the amount. \$

Section 4 Details of ESSSuper product you are transferring to

Name of fund

E S S U P E R

ABN

8 5 - 8 9 4 - 6 3 7 - 0 3 7

Product you are rolling over to:

 Accumulation Plan (SPIN: ESS0003AU)

 Income Stream (SPIN: ESS0002AU)

 Beneficiary Account (SPIN: ESS0001AU)

Please make cheques payable to ESSSuper and forward all documentation to:

ESSSuper

GPO Box 1974

Melbourne Vic 3001

Section 5 Declaration and signature

I authorise the rollover of the superannuation benefits I have listed on this form to ESSSuper, and in doing so:

- I acknowledge that I have read the relevant Product Disclosure Statement available from ESSSuper.
- I acknowledge and accept that the benefits in the Accumulation Plan, Income Streams and Beneficiary Account (including Spouse Accounts) are not guaranteed or underwritten by the Victorian Government or the Emergency Services Superannuation Board and that ESSSuper does not come under the jurisdiction of the Australian Financial Complaints Authority.
- I understand and acknowledge the implications and effects of transferring my benefits from my superannuation fund/s to ESSSuper.
- I discharge the superannuation provider of my transferring fund/s of all further liability in respect of my superannuation benefit paid and transferred to ESSSuper.
- I understand that ESSSuper is required to deduct tax from any untaxed portion of my transfer.
- I understand that the transferring fund/s may deduct an exit fee.
- I authorise ESSSuper to make any necessary enquiries of the transferring fund/s to give effect to the transfer.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits such as insurance cover, and do not require any further information.
- I have read and accept the statements relating to privacy in the relevant Product Disclosure Statement and I consent to providing ESSSuper with my personal information pursuant to the *Privacy and Data Protection Act 2014* for the purposes described in ESSSuper's *Privacy Policy* and *Privacy Collection Statement* available from our website at esssuper.com.au

Signature of account holder

 PLEASE SIGN HERE

Date

 / /

Please post the completed form with your original signature to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | W 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 *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain copies of ESSSuper's *Privacy Policy* and *Privacy Collection Statement*, please visit our website at esssuper.com.au

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Section 2

Your contribution instructions

There are Government imposed limits on the amount of contributions that can be made by a person in a financial year without additional tax applying. For more information, refer to the *How super is taxed guide (AP.4)*.

Please deduct

\$, .

from my pay each pay period and pay this amount on my behalf as a superannuation contribution to ESSSuper's Accumulation Plan.

Please deduct this amount

 After tax

OR

 Before tax (salary sacrifice)

Section 3

Declaration and signature

- I have read the *Accumulation Plan Product Disclosure Statement* and *Incorporated Guides* available from ESSSuper.
- I understand that if I do not provide my tax file number to ESSSuper, **it cannot accept after-tax contributions made by me and any salary sacrifice contributions I make will be taxed at the top marginal rate of 47% (including Medicare levy of 2%)**.
- I understand that the amount I have nominated on this form will be deducted from my pay each pay period by my employer and will be forwarded to ESSSuper as a superannuation contribution to the Accumulation Plan.
- I understand that the amount I have nominated on this form will continue to be deducted by my employer until the earlier of the date I provide my employer with a new instruction or the date I terminate employment.
- I accept ESSSuper is not responsible for ensuring that deductions are made and forwarded to ESSSuper by my employer.
- I understand that contributions must be preserved in the superannuation system until I become eligible to access my superannuation benefit.
- I accept that the benefits in ESSSuper's Accumulation Plan are not guaranteed or underwritten by the Victorian Government and do not come under the jurisdiction of the Australian Financial Complaints Authority.

Signature of account holder

  PLEASE SIGN HERE

Date

 / / **IMPORTANT — ONCE COMPLETED PLEASE FORWARD THIS FORM TO YOUR PAYROLL OFFICE OR HR SECTION.**

Please email the completed form to info@esssuper.com.au or post to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | W 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 *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain copies of ESSSuper's *Privacy Policy* and *Privacy Collection Statement*, please visit our website at esssuper.com.au

Choice of superannuation fund

Information sheet

Issued: 1 July 2019

Instructions

ESSSuper can accept superannuation guarantee (SG) and salary sacrifice contributions only if you are eligible to have an Accumulation Plan account established in your name.

ESSSuper's compliance letter and information on how your employer can remit contributions can be found in the Information for Employers section below.

Information for members

This form acts as an authority for your employer to remit SG or salary sacrifice contributions to ESSSuper.

ESSSuper can accept SG and salary sacrifice contributions from your employer only if you have an Accumulation Plan account.

If you do not have an Accumulation Plan account, you should complete the *Accumulation Plan application form* online by logging into your Members Online account at esssuper.com.au/login. Alternatively, you can complete the form which accompanies the *ESSSuper Accumulation Plan Product Disclosure Statement (PDS)*, which is available from our website at esssuper.com.au/pds

You should complete SECTION A of the ATO *Standard choice form* and forward all forms (including the *Choice of superannuation fund information sheet*, the ATO *Standard choice form* and the *Choice of fund – Employer registration form*) to your employer. Your employer will complete SECTION B of the ATO *Standard choice form* and the *Choice of fund – Employer registration form*. Your employer should provide you with a copy of the completed *Standard choice form* for your records.

Please note: ESSSuper does not keep a copy of the Standard choice form.

Information for employers

STEP 1 – ATO STANDARD CHOICE OF SUPERANNUATION FUND FORM

You should retain copies of both SECTION A and SECTION B of the ATO *Standard choice form* once both sections have been completed. You should also provide a copy of SECTION B to your employee.

Please note: ESSSuper does not keep a copy of the *Standard choice form*.

STEP 2 – EMPLOYER REGISTRATION – NON VICTORIAN GOVERNMENT EMPLOYERS

If you are a Victorian Government or emergency services employer – please go to Step 3.

If you are not a Victorian Government or emergency services employer, you can register with ESSSuper and advise us of the employee who you will be contributing for by completing the *Choice of fund – Employer registration form*.

Once you have completed this form, you will be allocated a "Reporting Centre Number", or if you are already contributing, you will have already been allocated a number and do not need to complete the form.

STEP 3 – PAYMENT OF CONTRIBUTIONS

ESSSuper has a number of ways that employers can send us payments for contributions. If you have any queries regarding payments please contact the Employer Assistance Line on 1300 768 776.

| Payment type | Non Victorian Government or emergency services employers | Victorian Government or emergency services employers |
|---------------------|---|--|
| BPAY | Once you have registered, you will be advised of how BPAY contributions can be made. Each employee's reference numbers are different. | Not applicable. |
| EFT (Direct Credit) | Once you have registered, if you wish to make EFT contributions to ESSSuper please contact us on 1300 768 776. We will provide you with a unique account number and reference numbers for making payments. | If you wish to make EFT contributions to ESSSuper, please contact us on 1300 768 776. We will provide you with a unique account number and reference numbers for making payments. |

STEP 4 – CONTRIBUTION INFORMATION

Contribution information is vital to ensure that your payment gets to the right employee's account. ESSSuper has a number of ways that employers can submit contribution information. If you have any queries regarding contributions please contact the Employer Assistance Line on 1300 768 776.

| Contribution advice | Non Victorian Government or emergency services employers | Victorian Government or emergency services employers |
|--------------------------------|--|--|
| EmployerDirect | Not applicable. | If you are using EmployerDirect online, contribution values are advised using the "Contribution Grid". If you would like additional information or would like to register to use EmployerDirect, please contact us on 1300 768 776. |
| Excel Spreadsheet | If you are using an Excel Spreadsheet to advise the contribution values and the members they relate to, please ensure that the spreadsheet contains the following information: <ul style="list-style-type: none"> • Member Number • Date of Birth • Contribution Amount, and • Contribution Type. | If you are using an Excel Spreadsheet to advise the contribution values and the members they relate to, please ensure that the spreadsheet contains the following information: <ul style="list-style-type: none"> • Member Number • Date of Birth • Contribution Amount, and • Contribution Type. |
| Contribution Remittance Advice | If you are using the <i>Contribution Remittance Advice form</i> (available on our website at esssuper.com.au/forms or upon request), you must complete this form each time contributions are paid to ESSSuper. You can forward the remittance advice form by: <ul style="list-style-type: none"> • Mail – GPO Box 1974, Melbourne Vic 3001, or • Email – contributions@esssuper.com.au | If you are using the <i>Contribution Remittance Advice form</i> (available on our website at esssuper.com.au/forms or upon request), you must complete this form each time contributions are paid to ESSSuper. You can forward the remittance advice form by: <ul style="list-style-type: none"> • Mail – GPO Box 1974, Melbourne Vic 3001, or • Email – contributions@esssuper.com.au |

1 July 2019

To Whom It May Concern,

Scheme: Emergency Services Superannuation Scheme
Status: Complying Fund
Basis: Exempt Public Sector Superannuation Scheme
SFN: 26 91 249 42
ABN: 85 894 637 037
SPIN Number: ESSSuper Accumulation Plan – ESS0003AU
ESSSuper Income Stream – ESS0002AU
ESSSuper Beneficiary Account – ESS0001AU

In accordance with section 10 (1) of the *Superannuation Industry (Supervision) Act 1993* (SIS Act) (definition of exempt public sector superannuation scheme refers) and as listed in Schedule 1AA of the *Superannuation Industry (Supervision) Regulations 1994*, the Emergency Services Superannuation Scheme (trading as ESSSuper – Emergency Services & State Super) is declared an “Exempt Public Sector Superannuation Scheme”.

Subsequently, under section 45 (6) of the SIS Act, the Scheme is deemed to be a complying superannuation fund for tax purposes.

ESSSuper is eligible to receive Superannuation Guarantee contributions from employers.

Yours sincerely



Mark Puli
Chief Executive Officer

Proudly serving our members



Superannuation Standard choice form

For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

Section A: Employee to complete

1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate Complete items 2, 4 and 5

The super fund nominated by my employer (in section B) Complete items 2 and 5

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

i You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town State/territory Postcode

Fund phone

Fund electronic service address (ESA)

Fund bank account
BSB code (please include all six numbers) Account number

Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

Signature

Date

Day Month Year
 / /

Return the completed form to your employer as soon as possible.

Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

! Sign and date the form when you give it to your employee.

6 Your details

Business name

ABN

Signature

Date

Day / Month / Year
 / /

7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

Section C: Employer to complete

! Complete this section when your employee returns the form to you with section A completed.

8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

! If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received / /

Date you act on your employee's choice / /

! Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.

Choice of fund Employer registration form

Issued: 1 July 2019



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 SG 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 *Privacy and Data Protection Act 2014*. I, on behalf of the employer, have read and accept the statements relating to privacy appearing on the ESSSuper's *Privacy Policy* and *Privacy Collection Statement*, available from our website at **esssuper.com.au**
- The information provided on this form is true and correct.

Signature of authorised officer



PLEASE SIGN HERE

Date

 / /

Name of authorised officer



IMPORTANT — PLEASE RETURN THE COMPLETED EMPLOYER REGISTRATION FORM TO ESSSUPER.

Please email the completed form to info@esssuper.com.au or post to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | W esssuper.com.au

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Proudly serving our members

Level 16, 140 William Street
Melbourne VIC 3000

GPO Box 1974
Melbourne VIC 3001

T 1300 650 161
E info@esssuper.com.au
W esssuper.com.au

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