

Employer application form



Is this a new account?

YES – please complete Section 1 to 4 of this application.

NO – please advise reason for new details and complete your name, telephone and address:

Change of ownership retaining the same business name Sale of business with a new business name

Name

Phone no.

Mobile phone no.

Address

State

Postcode

Country

Email

1. Employer details

Company name

Trading name

ABN

Are you associated with a buying group? No Yes – please specify:

Are you a member of an association? No Yes – please specify:

Types of business

Pharmacy

Veterinary

Physiotherapy

Chiropractor

Dentistry

Other:

EMPLOYER BUSINESS PREMISES ADDRESS

Street address

State

Postcode

Country

PO Box

Suburb

State

Postcode

EMPLOYER CONTACT

Mr

Mrs

Ms

Miss

Other (please specify):

Gender M/F

Surname

Given name(s)

Position

Email

Phone no.

Mobile phone

Alternative no.

Facsimile no.

2. Employer contribution details

How do you want to make contribution payments?

Employer Portal Clearing House

Through payroll software, or another service provider

Is GuildSuper your default fund?

Yes

No – please specify default fund:

How many employees do you employ?

How many are members of GuildSuper?

Continued over...



3. Authorised representative details

Guild Trustee Services Pty Limited is authorised to accept on behalf of the employer the signature of any person as advised by the employer (including those nominated hereunder) for the purpose of any request for payment of monies to GuildSuper or communicating to facilitate the administration of GuildSuper.

Full name	Position	Signature
		X
		X
		X

4. Declaration

To the Trustee:

Application is hereby made to become a participating employer of GuildSuper. I/We agree to abide by and be bound by the provisions of the Trust Deed and further declare that:

- I/We have been supplied with and read the PDS dated 1 July 2017 with which this application was included. I/We accept that the Trustee of GuildSuper is Guild Trustee Services Pty Limited (the Trustee).
- I/We have been informed that GuildSuper is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and is not subject to a direction under Section 63 of that Act.
- I/We confirm that any fees and brokerages payable have been disclosed to us.

- I/We accept that the Trustee, unless otherwise stated, nor any of its subsidiary or associated companies, nor any investment manager nor their subsidiary or associated companies, guarantees the performance of, or repayment of capital from GuildSuper.
- I/We agree to supply accurate information in respect of members, as required for the administration of GuildSuper.
- I/We declare that I/we have read the information on pages 6 to 8 of the PDS in relation to Insurance Cover. I/We understand that by signing employees to join GuildSuper, they will be granted Default Cover which will commence from the date that there are sufficient funds in the member's account to meet insurance costs. All insurance cover is subject to the insurance terms and conditions.

- I/We acknowledge that I/we have read and understood the Privacy Statement contained in the *How GuildSuper Works Guide* at guildsuper.com.au/pds
- The Trustee is authorised to accept the signature of the authorised representative, whose signature appears above, to act for the principal employer and any associated employers.
- If I/we have disclosed personal information about any other person (i.e. members), I/we confirm that I am/we are authorised to:
 - disclose to the Trustee personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
 - consent to disclosure to, and the obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Signed on behalf of the employer by the authorised representative

X

Date

Next steps

Please return this completed form to:
GuildSuper, GPO Box 1088 Melbourne, Vic 3001

Need help?

Call the Employer Help Line on **1300 309 882** from 9am to 5pm (AEST) Monday to Friday or visit guildsuper.com.au

GUILDSUPER USE ONLY	Consultant's name	Code

