



Issued
24 June 2017

Fund
Future Super Fund
ABN 45 960 194 277
Fund registration number R1072914

Trustee
Diversa Trustees Limited
ABN 49 006 421 638
AFSL 235153
Trustee number L0000635

EMPLOYER REGISTRATION

This is the form employers fill out to register as an employer with Future Super.

SECTION 1 Employer Details

Employer Name

Trading As

ABN Tax File Number

Residential Address

City State Postcode

Telephone Number Email Address

Please Note: If you provide your email address, you authorise us to send communications or information, including information required by law, to you by email.

SECTION 2 Employer Authorised Representative

Authorised signatory (employee/individual) responsible for the maintenance of superannuation arrangements relating to our participation in the Fund.

Title

Given Name/s

Surname

Job Title

Alternative Contact Name



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SECTION 3 Employer Preferred Contribution Method

Would you prefer to receive the "Employer Contribution Schedule" and "New Employee Schedule" in Excel format via email, or in hard copy via regular post:

Email Post

Please advise us of your existing employees details as soon as possible.

Preferred contribution or payment method:

BPay Clearinghouse Direct Deposit Cheque

Direct Deposits can be paid to:

Future Super
Bendigo and Adelaide Bank
BSB: 610 101
Account Number: 071525790

Cheques can be made payable to: Future Super

SECTION 4 Employer Declaration

I/We hereby make application to become an employer sponsor in the Future Super Fund and agree to be bound by the Trust Deed dated 2 December 2003 (as amended from time to time).

I/We have read and understood the Product Disclosure Statement dated 15 September 2016.

I/We acknowledge that neither Trustee nor any of their subsidiaries nor their respective officers guarantees any particular rate of return, the capital invested, or the repayment of capital.

I/We acknowledge and have read the information in the PDS regarding privacy and that by completing and returning the relevant forms, I/we agree to the Trustee or any of their subsidiaries or appointed service providers using and disclosing my/our personal information as set out in the privacy policy.

I/We undertake to provide the Trustee with any information requested relating to the Future Super Fund and any change to information given in this application.

The authorised representative detailed above is authorised on behalf of the employer for the purposed of supplying to the Trustee any notice, comment or information required to facilitate the administration of the Fund.

I/We declare that the contributions made by me/us are in accordance with the contribution rules in superannuation legislation.

I/We agree that any contributions made in contravention of these rules may not be able to be retained by the Fund and may be rejected or refunded (as soon as practicable) [without interest].

I/We declare as an employer to provide the employer contribution schedule at or near the same as the payment and that any loss or liability arising from delays in receiving the schedule and the allocation of contributions shall be the responsibility of the employer.

I/We agree on receiving information related to the Fund through electronic form/facilities.

.....
Signature

..... / /
Date

Please return the completed form to:
Post GPO Box 686 Canberra ACT 2601
Email info@myfuturesuper.com.au
Fax 02 6181 0515