

Participating Employer Agreement

Employer Details			Please use Block Letters
Full Employer Name (Company Name, Sole Proprietor or Partner):			
ABN/ACN:	Trading Name:		
Address:			
Suburb/Town:	State:	Postcode:	

Contact Details			Please use Block Letters
Business Address:			
Suburb/Town:	State:	Postcode:	
Title:	First Name:	Surname:	
Position:	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
Telephone:	Facsimile:		
E-mail Address:	Mobile:		

Pay Details	
When does your next payment period end?:	Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Number of employees in AUST(Q):	Total number of employees:
How often will you submit contributions? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

Preferred Payment Method	Refer to page 8 for further details
<input type="checkbox"/> SuperSite 1-30 employees (Please complete a SuperSite Registration form)	
<input type="checkbox"/> Super FileManager 50+ employees.	
<input type="checkbox"/> Paper based reports	

Preferred Payment Options
<input type="checkbox"/> Direct Debit
<input type="checkbox"/> BPay
<input type="checkbox"/> EFT
<input type="checkbox"/> Cheque (not available for SuperSite)

<input type="checkbox"/> I would like to be contacted by the Client Services Manager to discuss the options available.	
Please nominate if you would like AUST(Q) to forward stationery items for you to provide to your employees	Qty
<input type="checkbox"/> Member Handbook and Product Disclosure Statements	
<input type="checkbox"/> Transfer Protocol forms	
<input type="checkbox"/> Annual Reports	
<input type="checkbox"/> Choice of Fund forms	

Please complete the reverse side of this form >

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(continued)

TO THE TRUSTEE A.U.S.T. (QUEENSLAND) PTY LTD.

Application is hereby made to become a participating Employer in the Allied Unions Superannuation Trust (Queensland) under the Trust Deed which governs the Trust, and I/we hereby agree to be bound by the Trust Deed and to make contributions to the Trust, in respect of each employee who is a member of the Trust, at a rate which is the greater of:

- (a) any amount contained in a site or industrial agreement, industrial award or EBA; or
- (b) the Superannuation guarantee contributions.

The participating employer agrees to advise employees that it will disclose to AUST(Q) personal information necessary to administer their membership of the Fund.

This agreement is to take effect from: _____ (the commencement date of contributions)

Signed by the employer on: _____ (date) at: _____ (Suburb/Town)

in the State of: _____

COMPLETE ONLY THE SECTION BELOW APPROPRIATE TO YOUR BUSINESS STRUCTURE.

Company		to execute here
Director Name:	Director/Company Secretary Name:	Affix Company Seal (if applicable):
Director Signature:	Director/Company Secretary Signature:	

Partnership				to sign here
Partner's Name:	Partner's Signature:	Witness Name:	Witness Signature:	
Partner's Name:	Partner's Signature:	Witness Name:	Witness Signature:	
Partner's Name:	Partner's Signature:	Witness Name:	Witness Signature:	
Partner's Name:	Partner's Signature:	Witness Name:	Witness Signature:	

Sole Proprietor				to sign here
Name:	Signature:	Witness Name:	Witness Signature:	