

Employer Deed of Adherence

| 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 | |
|-------------------|-------------|--------|------------|--------------------------|--|
| Title: | First Name: | | Surname: | | |
| Business Address: | | | | | |
| Suburb/Town: | | State: | | Postcode: | |
| Telephone: | | | Facsimile: | | |
| E-mail Address: | | | | Mobile: | |

| Pay Details | | Please use Block Letters | |
|--|--|---|--|
| 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: | |

| Options for Submitting your Contribution Details | | | Please refer to page 8 for further details |
|---|---|--|--|
| <input type="checkbox"/> SuperSite (Please complete a SuperSite Registration form) | <input type="checkbox"/> SuperConvertor | <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 |

| | |
|--|-----|
| <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 >

Employer Deed of Adherence

(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 deed 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: | |