



## 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"/> POSTbillpay <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: