

Employer Application Form



ALL SECTIONS MUST BE COMPLETED

PLEASE ☒ NOT ☒

PLEASE USE BLOCK LETTERS



EMPLOYER DETAILS

EMPLOYER NUMBER (if known)

ABN

EMPLOYER'S REGISTERED NAME

EMPLOYER'S TRADING NAME

CONTACT DETAILS

TITLE

☐ MR ☐ MS ☐ MRS ☐ MISS ☐ GENDER ☐ MALE ☐ FEMALE

POSITION/JOB TITLE

GIVEN NAME/S

FAMILY NAME

EMPLOYER PHONE

EMPLOYER FAX

EMPLOYER'S EMAIL ADDRESS

BUSINESS ADDRESS

ADDRESS

SUBURB/TOWN

STATE

POSTCODE

POSTAL ADDRESS (If same as above, write "as above")

PO BOX

SUBURB/TOWN

STATE

POSTCODE

SECTOR DETAILS

WHICH INDUSTRY SECTOR IS YOUR BUSINESS PART OF:

- | | |
|---|--|
| <input type="checkbox"/> Australian Rules Football Club | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Bowls Club | <input type="checkbox"/> Registered Club |
| <input type="checkbox"/> Ex-Services Club | <input type="checkbox"/> Sporting Club |
| <input type="checkbox"/> Golf Club | <input type="checkbox"/> Surf Life Saving Club |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Workers Club |
| <input type="checkbox"/> Leagues Club | <input type="checkbox"/> Associated with Club Industry |
| <input type="checkbox"/> Other - please specify below: | |

CONTRIBUTION INFORMATION

CONTRIBUTIONS WILL COMMENCE FROM:

FREQUENCY OF CONTRIBUTIONS:

☐ Monthly ☐ Quarterly

EMPLOYEE INFORMATION

HOW MANY EMPLOYEES DO YOU HAVE?

Total: Employees with Club Super:

If you have >50 employees, we can send you some employee kits.

If you would like some, please indicate how many

PAYMENT METHOD

PREFERRED CONTRIBUTION PAYMENT METHOD:

- ☐ Clearing House (contact Club Super for further information)
- ☐ Direct Debit
- ☐ Electronic Funds Transfer (contact Club Super for further information)
- ☐ BPAY* (Contact your bank to set up BPAY)

*Please note: Clearing house does not accept BPAY.

DID YOU KNOW

Club Super offers a clearing house solution, QuickSuper, that enables employers to make all their superannuation payments to one place.

To find out more please contact Club Super on 1300 369 330 or email info@clubsuper.com.au

PLEASE COMPLETE DETAILS ON THE NEXT PAGE

1 of 2

Employer Application Form



ALL SECTIONS MUST BE COMPLETED

PLEASE ☒ NOT ☒

PLEASE USE BLOCK LETTERS



YOUR PRIVACY IS IMPORTANT TO US

When your employer details and your employees' (Club Super members) personal details are provided to Club Super, they are securely stored and are accessible only to authorised personnel and third parties for required administration purposes.

They may be disclosed to authorised personnel, third parties, relevant Government agencies and service providers (including Independent Fund Administrators & Advisers Pty Ltd and group life insurers) who provide administrative and other services to fund members in order to:

- administer their account
- provide insurance cover
- conduct market research and analysis
- develop products and improve services
- meet legislative and regulatory obligations; and
- communicate with them about superannuation matters.

DECLARATION

On behalf of the organisation, I declare that:

- I have read the *Club Super Employer Handbook and Additional Information - Privacy, Enquiries and Complaints* document, available at clubsuper.com.au/employers/publications.
- I understand that should employer contributions for employees fall into arrears that Club Super may take appropriate action to protect the interests of their members and recover outstanding contributions.
- I understand, that under certain circumstances, Club Super will outsource overdue contributions from employers to a debt collection agency.
- I understand that by completing this form, the organisation can contribute to Club Super on behalf of its employees and agrees to provide Club Super with relevant employee information as is required to allow the proper administration of the Fund.
- I understand that by completing this application form, the organisation is becoming a registered employer of Club Super, but can terminate this arrangement at any time.
- I declare that the details provided on this form are true and correct.

EMPLOYER SIGNATURE

AUTHORISING OFFICER (FULL NAME):

POSITION:

SIGNATURE:

DATE

HAVE YOU COMPLETED ALL SECTIONS?

POST THE COMPLETED FORM TO: CLUB SUPER PO BOX 10726 BRISBANE ADELAIDE STREET QLD 4000

OR EMAIL A SCANNED COPY OF THE COMPLETED FORM TO: info@clubsuper.com.au

Club Plus Qld. Pty. Ltd. (ABN 30 010 892 396), the Trustee of Club Super (ABN 12 737 334 298) is Corporate Authorised Representative No. 268814 under AFSL No. 238507. Club MySuper Product Unique Identifier 12737334298988.