

About this form

Please complete this form if you wish to nominate Equip Super as a default fund in your workplace. Before completing this form, you should read the *Equip Super MyFuture Product Disclosure Statement (PDS)*. **You do not need to complete this form if you are only intending to make contributions for an employee who has nominated Equip Super as their choice fund.** If you have any questions, please contact us on **1800 682 626**.

It's important that you're aware of the consequences of not providing the insurer all the information they require. Please read the Duty to take reasonable care section before completing this form.

1 – Your employer details

Please complete in pen using CAPITAL letters

Trading name

Registered company name

Business address

Suburb

State

Postcode

Postal address (if different from above)

Suburb

State

Postcode

Country (if not Australia)

ABN / ACN

Total number of employees

2 – Your contact details (Primary contact)

Title:

Mr Mrs Ms Miss Other

First name

Last name

Position title

Postal address (if different from company address above)

Suburb

State

Postcode

Business hours phone

Fax

Mobile

Email

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Equip Super, GPO Box 4303, Melbourne VIC 3001



2 – Your contact details (Secondary contact)

Title:

Mr Mrs Ms Miss Other

First name

Last name

Position title

Postal address (if different from company address above)

Suburb

State

Postcode

Business hours phone

Fax

Mobile

Email

3 – Choice of fund

(Select an option)

I/We wish to nominate Equip Super as the nominated Employer fund under Choice of Fund legislation for:

All employees

Approximate number of employees

Certain employees

(eg : management staff etc.)

Approximate number of employees

Date (ddmmyyyy)

This nomination is effective from

I/We do not wish to nominate Equip Super as the nominated Employer fund under Choice of Fund legislation

You do not need to complete this form if you are only intending to make contributions for an employee who has nominated Equip Super as their choice fund. If you have any questions, please contact us on **1800 682 626**.

4 – Contribution arrangements

Contribution frequency

Fortnightly

Monthly

Quarterly

Date (ddmmyyyy)

First contribution period end date (if known)

How do you want to report super contributions?

Equip Super's Employer Portal - you can set this up yourself by registering at employerpay.com.au/equipsuper

Via your existing clearing house or payroll provider. Your provider is

Other - note current arrangements below:

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5 – Death and total and permanent disablement (TPD) insurance arrangements

Equip Super provides various default insurance arrangements to members, which are outlined in the *Equip Super MyFuture Insurance in your super* guide. Certain default insurance arrangements are available only to employees of employers who qualify as participating employers.

To help us determine the appropriate insurance default for your employees, please answer the questions below.

	Yes	No
Are at least 80% of the employees permanent staff working 15 or more hours per week?	<input type="checkbox"/>	<input type="checkbox"/>
Are less than 25% of employees classified as either skilled trades or unskilled trades ?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of more than 2 claims for either death, terminal illness or total and permanent disablement having been lodged by your employees over the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>

DID YOU KNOW

Skilled trades are persons including semi-skilled employees who hold a trade certificate and who perform a moderate amount of manual work (e.g. plumber, carpenter and nurse).

Unskilled trades are persons mainly performing heavy manual work (e.g. construction workers, factory workers, cleaners, labourers, delivery drivers, storemen, production workers and machine operators).

Information from the insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately. Otherwise, you may not be able to rely on your insurance when it's needed the most.

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

The duty to take reasonable care

When applying for insurance, there is duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly, and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

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In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately, and completely. If you are unsure about whether you should include information, please include it, or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If after the contract starts, you think you may not have met your duty, please contact us immediately we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any questions, please contact Equip Super on **1800 682 626**.

Privacy

You can view Equip Super's Privacy Statement online at equipsuper.com.au/privacy or contact us for a copy on **1800 682 626**.

6 – Sign the form

By signing this form I/We:

- have read and understand the *Equip Super MyFuture PDS* and hereby apply to participate as an employer in Equip Super Superannuation Fund.
- agree to be bound by the provisions of the Trust Deed and Fund Rules as amended from time to time.
- agree to provide details of employees commencing or ceasing employment as soon as possible, in the interests of member benefits and options.

Director/Secretary (1) First name

Director/Secretary (1) Last name

Director/Secretary (1) Signature

Date signed (ddmmyyyy)

Director/Secretary (2) First name:

Director/Secretary (2) Last name:

Director/Secretary (2) Signature

Date signed (ddmmyyyy)

Please return your completed form to Equip Super, GPO Box 625, Collins Street West, Melbourne VIC 8007.

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