

Equip employer application



About this form

Please complete this form if you wish to nominate Equip as a default fund in your workplace. Before completing this form, you should read the *Equip 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 as their choice fund.** If you have any questions, please contact us on **1800 682 626**.

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

Need help?

☎ Call us on 1800 682 626 or 🌐 www.equipsuper.com.au 📍 Equip, GPO Box 4303, Melbourne VIC 3001

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equipsuper Superannuation Fund ABN 33 813 823 017 USI 33 813 823 017 000

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 Equisuper as the nominated Employer fund under Choice of Fund legislation for:

All employees

Approximate number of employees

(eg : management staff etc.).

Certain employees*

Approximate number of employees

Date (ddmmyyyy)

This nomination is effective from

I/We do not wish to nominate Equisuper 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 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's Employer Portal - you can set this up yourself by registering at www.employerpay.com.au/equisuper

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

Other - note current arrangements below:

Need help?

☎ Call us on 1800 682 626 or 🌐 www.equisuper.com.au 📍 Equip, GPO Box 4303, Melbourne VIC 3001

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equisuper Superannuation Fund ABN 33 813 823 017 USI 33 813 823 017 000

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

Equip provides various default insurance arrangements to members, which are outlined in the *Equip 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).

Duty of Disclosure - Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of insurance and if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that your insurer knows, or, in the ordinary course of its business, ought to know; or as to which compliance with your duty is waived by the insurer.

Non disclosure - If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer. Your duty of disclosure continues until the life insurance has been issued by the insurer and confirmation is issued in writing. Please ensure all applicable questions are fully answered.

Privacy

You can view Equip's Privacy Statement online at www.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 MyFuture member PDS and hereby apply to participate as an employer in the Equipsuper 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 Equipsuper, GPO Box 625, Collins Street West, Melbourne VIC 8007.

Need help?

Call us on 1800 682 626 or www.equipsuper.com.au Equip, GPO Box 4303, Melbourne VIC 3001

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equipsuper Superannuation Fund ABN 33 813 823 017 USI 33 813 823 017 000