

Employee enrolment form

EMPLOYER SPONSORED SUPERANNUATION PLAN

Please complete in blue or black ink, using BLOCK letters



Employer name

Employer plan number

Employer telephone number

Use this form to enrol up to 10 employees in the Freedom of Choice Employer Sponsored Superannuation Plan. Further employees can be added on a photocopy of this form.

Employee surname	Employee given name(s)	Employee address	Occupation	Insurance Category	Sex	Date of birth (d/m/y)	Dated joined employer (d/m/y)	Annual salary	Hours worked per week	TFN

Note: Where no membership category is completed, the default category of 15% of Salary x Years to Retirement to Age 65 will apply.

Employer declaration

I/we certify that the employees listed above were actively at work, or on leave, other than sick leave, on the date they joined the Plan (any exceptions being noted providing full details of any injury or illness), and will/have joined the Plan on the date they are/were first eligible. I/we further certify that 75% of all employees who are eligible for insurance in accordance with the rules of the Plan will be members of the Plan, and I/we have received authority to disclose each employee's Tax File Number and have met all my obligations about that disclosure for superannuation purposes.

Authorised officer's name

Signature of authorised officer(s)

Date / /