

Employer's New Member Enrolment and Initial Remittance Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Important information for you

This form is to be used to enrol new employees into RecruitmentSuper. Please note that new enrolments cannot be accepted without an accompanying initial contribution for each employee listed. To enrol more than three new employees, please complete their details in section 8 'Additional New Members' and add their contributions to the totals in section 3. For three or less new employees, section 8 is unnecessary.

2. Employer Details

RecruitmentSuper Employer Number (if known)

Employer Business or Trading Name

Attached contribution for the period of

to

Contact Name

Phone (Business Hours)

Fax

E-mail address* (Please **do not** leave any spaces empty, continue word on next line if necessary)

*Providing your email address means you are willing to receive important information about your RecruitmentSuper account and other benefits and services by email.

3. Member Enrolment Details

Surname

Title

Date of birth

Given Name

Male

Female

Street / Unit Number

Street Name

Suburb / Town

State

Postcode

Phone (After Hours)

Mobile*

*Providing your mobile number means you are willing to receive important information about your RecruitmentSuper account and other benefits and services by SMS.

Date Joined Employer

Number of units of Death & TPD Insurance Cover

Monthly Salariesafe Insurance Cover

A) Contribution to Employer Compulsory Account

\$

B) Contribution to Employer Supplementary Account

\$

C) Contribution to Member Deemed (Salary Sacrifice) Account

\$

D) Contribution to Member Voluntary Account

\$

E) Total Contribution (A+B+C+D)

\$

