Employer details

1800 005 166

info@caresuper.com.au

GPO Box 1547, Hobart TAS 7001

Provide your contact details to help us communicate with you about super and your employees.																										
Section 1	Reg	iste	red	nan	ne																					
Employer details																										
. ,	Trading name																									
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	Make us your default fund																									
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	Postal address As above																									
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	OR											1											1			
	Sub	Suburb/Town/City											1	State			Postcode									
	Employer code (if known)																									
Section 2	Prin	narv	/ COI	ntac	:t																					
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Section 2	Oth	er																								
Contact details (continued)	Last name																									
	Given name(s)																									
	Position																									
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Section 3 Third party	Complete this section if your business uses a third party to administer your super and you want to give them permission to access information about your employees in relation to your super obligations. Authorities last for two years upless you ask us to capsel it earlier.																									
authorisation	obligations. Authorities last for two years unless you ask us to cancel it earlier. Profession i.e. accountant, tax adviser, lawyer																									
	Organisation name (if applicable)																									
	ABN Phone																									
	Authorised person(s)																									
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Section 4

Employer declaration

- I'll be bound by the policies, procedures, trust deed and rules that govern CareSuper and the relevant law.
- I've disclosed all material information and the information provided by me is true and correct.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at <u>caresuper.com.au/privacy-policy</u> or by calling us on **1800 005 166**.
- If you've completed section 3, you understand that this authorisation:
 - · allows the third party to act on behalf of the business
 - doesn't allow the third party to change employee account details
 - allows access to employee information in relation to super obligations only

You should only sign this form if you're authorised to do so on behalf of the employer.

Your signature													Date (DD MM YYYY)									
Name																						
Position																						



