Authority to act as contributing employer for a single employee form

The following authority is for any employers who wish to make a contribution into the Prime Super Fund (Fund), on behalf of a single employee.

SECTION 1 – PERSONAL DETAILS

MySuper





Employer	Nur	nber																												
Employer	Nar	ne (pi	int	in Bl	_00	K le	tters)																							
Company	Nar	ne																												
Company	, Nai	ne																											,	
ACN				,								ABN					,						,							
Details of	the	empl	oye	e tha	at S	uper	annu	ation	Guar	ante	e (SG) pay	ment	s are	bein	g ma	de fo	r:												
Employee	Na	me (p	rint	in B	L00	CK le	tters)																							
Employee	Re	sident	ial /	4ddr	ess																								'	
	İ	Ì		Ť			Ì	Ì	Ì			Ì	Ì	Ì	Ì	Ì	Ì				Ì									\exists
Town/Sul	l nurh	/City										1	1											State				Postc	nde	
TOWIT/OUT	Juib	l																							, 			1 0310	ouc	
Prime Su	ner	Memb	ner l	Num	her					Date	of R	 irth ([אטטר 🗆	 	ν 						1				<u> </u>					
T TITLE Su	Pei	INICITIE		INUITI	DCI		1	1	1	Date			וואוטכ	VIII I	<u> </u>]												
]									J												
SECTION 2 – EMPLOYEE DETAILS																														
	,,,	OIT A	_		***	LU		DL	IAII	LU																				
BPAY® Please note, this is the only contribution method available when making contributions on behalf of a single employee.																														
														-																
Use your	inte	rnet o	r ph	none	bar	าkinดู	g serv	ice to	o mal	ke co	ntrib	utions	s via l	BPA	Y ®. Y	'ou wi	ill nee	ed the	follo	wing	infor	matic	n in	order	to do	0 SO:				
								ıper I	Meml	ber C	ontril	outior	ı																	
	5					584			_																	_				
PΔ	Y	E	mpi	loye	r re	tere	ence	num													call) .				
																		,			- 5			-, -						
SEC	CTI	ON (3 –	- Al	JT	HOI	RIT	1																						
By signin	g thi	is autl	nori	ty do	cur	nent	. I am	n mak	king t	he fo	liwoll	ng sta	ateme	ents:																
I conf	-			-					-			-			oyee	only.														
I conf	irm i	that I	will	mak	ke S	G pa	aymer	nts or	nly int	to the	Fun	d, on	beha	alf of	that e	emplo	oyee.													
I unde correct									h me	to er	nsure	suff	icient	and	corre	ect en	nploy	ee de	tails	are p	rovid	ed so	that	the S	SG pa	ymen	nts ar	e dire	cted	to the
• I unde a <i>Cor</i>																										d, I w	ill ha	ve to	comp	lete
Signature		,	,.								- 1				-	,														
Jigilatare	•																													
																Date	(DDI	MMY	YYY)			1		1						



ADDITIONAL HELP!

If you would like some help in relation to this matter, Prime Super has a team of Regional Managers (RMs) who service our employers nationwide. Call us today on **1800 675 839** to find out who your local RM is, who will be more than happy to help you.

WHERE TO SEND THIS FORM

Once completed please return this form to us via mail, fax or email.

 Mail
 Prime Super
 Freecall
 1800 675 839

 Locked Bag 5103
 Fax
 1800 023 662

Parramatta NSW 2124

Email administration@primesuper.com.au

If you have any questions about this form or Prime Super please call us on **1800 675 839** (8.00am to 8.00pm Monday-Friday Sydney time).