## **Employer application or change of details form**

Please complete this form if you:

- wish to become a registered employer of Prime Super; or
- you are already a registered employer and you wish to update some of your details.

Please complete in pen using **BLOCK** letters. Print 'X' to mark boxes where applicable.





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L Clinical	research	Med	dical i	imagin	g					Paramedics											
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L Counse	lling		Med	Medical services							Patient services										
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SECT	ION 3 – MAKING CONTRIBU	TION	IS																		
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SECT	ION 4 – DECLARATION																				
I/We Agree 1	o be bound by the Trust Deed as amend	ed fro	m tim	e to t	ime, g	overning	the su	uper	annuation 1	fund knov	vn as	Prime	e Sup	er.							
-	o provide the Trustee with all information					-		•							on Gu	aran	ee le	gisla	ition.		
-	that the details in this form are true and									, ,		·						Ü			
I/We declare	that if I/We have applied to join the <i>Health</i> div	ision t	nat I/M	le ope	erate in	the healt	h, aged	care	e or related i	industries	and a	m eligi	ble to	join th	ne <i>Hea</i>	a <i>lth</i> di	vision	of Pr	rime		
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	is form will enable us to admit your emp															U Ou	por o	при	усс		
Download the form from our website at <b>www.primesuper.com.au</b> . Go to 'Tools and resources', 'Forms and publications' then 'Employers and self-employed'.																					
Please note: If any of your employees are already members of Prime Super, we will identify this on our system, and they will be added to your file.																					
WHERE TO SEND THIS FORM																					
Once compl	eted please return this form to us via ma	il, fax	or en	nail.																	
Mail	Prime Super					ı	Freeca	all '	1800 675	839											
	Locked Bag 5103 Parramatta NSW 2124						Fax Email		1800 023 administrat		nesur	er.cor	n.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).