

New Employer Form

Please complete this form to apply to become a new Participating Employer Sponsor of Nationwide Super. Print clearly in BLOCK LETTERS.

You can also join online at nationwidesuper.com.au

1. Employer details

! If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at nationwidesuper.com.au/privacy or call us on 1800 025 241.

Employer ID (if already issued)

Your business type/situation:

- Employs one or more employees, requiring SG contributions.
- Self-employed, registered as a company or trust.
- Self-employed, as a sole trader or partnership and am only responsible for paying my own super.
In this situation, you are not eligible to join Nationwide Super as a Participating Employer; however you can apply to join Nationwide Super's Personal Division. Go to our website or contact us for more information.

Company or business name:

Trading Name: (if different to above)

Business address:

 State: Postcode:

Mailing address: (if different to above)

 State: Postcode:

ABN:

Fax number:

Industry: (e.g. manufacturing)

Total number of employees:

Number of employees to join Nationwide Super:

(estimate only)

2. Contact details

Primary contact person:

a. Title (please select)

Mr Mrs Miss Ms Dr Other >

b. Surname

c. First name(s)

d. Position title

e. Daytime telephone

f. Mobile telephone

g. Email address

Secondary contact person:

a. Title (please select)

Mr Mrs Miss Ms Dr Other >

b. Surname

c. First name(s)

d. Position title

e. Daytime telephone

f. Mobile telephone

g. Email address

3. Your options

Do you wish to nominate Nationwide Super as the super fund of choice for your employees?

Yes No

How many Nationwide Super new member packs would you initially like sent to you?

4. Making contributions

Date contributions to commence (DD/MM/YYYY):

Frequency of contributions: Monthly Quarterly One-off only Irregular
(e.g. seasonal work)

Under the government's SuperStream requirements, you must submit your contribution advice and pay your employees' contribution amounts electronically on the same day. For instructions, read the Making Contributions for your Employees Fact Sheet.

5. Declaration and signature

By signing this application form I/we declare that I/we:

- Have fully read this form and the information completed is true and correct. If there are any changes to this information, will advise Nationwide Super as soon as possible.
- Have read the Nationwide Super Product Disclosure Statement (PDS), including the Privacy Policy (available from nationwidesuper.com.au/privacy or by contacting Nationwide Super) and agree to become a Participating Employer Sponsor of Nationwide Super.
- Agree to be bound by the provisions of the Trust Deed of the Russell Investments Master Trust (available at nationwidesuper.com.au/governance), as amended from time to time.
- Also apply on behalf of any employees for whom I/we make contributions for to Nationwide Super.
- Acknowledge that it is my/our responsibility to meet Superannuation Guarantee (SG) obligations required under legislation or applicable industrial agreements.
- Agree to provide the Trustee with all information and to do all such things as the Trustee requires to comply with government requirements relating to the SG legislation.
- Acknowledge that I am authorised to execute this agreement on the employer's behalf.

Name of the employer representative:

Signature:

Date: (DD MM YYYY)

▶ Please return your completed form to:

Nationwide Super
Locked Bag A4094
Sydney South NSW 1235

Contact Nationwide Super:

P: 1800 025 241 (Toll free, Mon – Fri, 9am – 5pm AEST)
E: enquiries@nationwidesuper.com.au
W: nationwidesuper.com.au