

Prime Super Employee Schedule

This form is issued together with a Product Disclosure Statement (PDS) dated 15 December 2008. In respect of each employee, complete the following details. Employer Sponsors, please use this form to tell us about the employees you are enrolling in the Fund. This form allows for two employees per page; please photocopy this form as often as you need.

Please send this completed form to: **Prime Super, PO Box 2229, Wollongong DC NSW 2500 or Freefax to 1800 023 662**



Part of your Community

Prime Super
 ABN 60 562 335 823
 RN 1000276

Trustee
 Farm Plan Pty Limited
 ABN 81 067 241 016
 AFSL 219723
 RSE L0000277

PLEASE USE BLOCK CAPITALS WHEN FILLING OUT THIS FORM (SAMPLE LETTERS) A | B | C | D

Employer Name Employer Number

Note: To be Eligible for Superannuation Guarantee Contributions, employees over age 65 must be working at least 40 hours in any consecutive 30 days.

Member Number (if registered employee)

Occupation

Date of Birth Gender (Please Tick One)
 Male Female

Title (Please Tick One)
 Miss Ms Mrs Mr Dr

Surname

Given Names

Date Joined Employer Annual Salary
 .

Address – Street / RMB / PO Box etc.

City/Town/Shire

State Postcode

Phone Number Facsimile Number

Mobile Number Tax File Number
 - -

Email (UPPER and lower case where applicable)

Contribution Details

\$ Employer Contribution
 .

Employer Period – Start Date

\$ Salary Sacrifice
 .

\$ Member Voluntary Contribution
 .

End Date (if applicable)

Member Number (if registered employee)

Occupation

Date of Birth Gender (Please Tick One)
 Male Female

Title (Please Tick One)
 Miss Ms Mrs Mr Dr

Surname

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\$ Member Voluntary Contribution
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End Date (if applicable)



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