Prime Super Employer Application Form

This form is issued together with a Product Disclosure Statement (PDS) dated 15 December 2008. Application is made by the Employer to Farm Plan Pty Limited as Trustee of Prime Super. The Employer makes this application on behalf of those of its employees for whom they will contribute to the Fund. The application consists of this form and the initial contributions made on behalf of the employees. The application will be accepted and admission to the Fund will commence when the initial contributions are accepted by the Trustee. Prime Super is a resident regulated superannuation fund within the meaning of Superannuation Industry (Supervision) Regulations 1994 (SIS) and is not subject to a direction under section 63 of SIS.

PRIME SUPER

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

1. Employer Details

Employer Name

Trading Name

Employer Postal Address – Street / RMB / PO Box etc.

City/Town/Shire

State

Postcode

Contact Name

Phone Number

Contact Position

Mobile Number

Email **(UPPER and lower case where applicable)**

Facsimile Number

ACN – –

ABN – – –

What is the primary activity of the employer (agricultural or seafood commodity group, e.g. grain, cattle, tuna, lobster, etc)?

2. Making Contributions

Contribution Frequency
Do you have a preference for making contributions:

☐ Monthly

☐ Quarterly

Are you interested in receiving information about using the Internet to make contributions online?

☐ Yes, please email me the details

☐ Yes, please fax me the details

☐ No, not at this time

Note: Cheques are payable to "Prime Super".

Declaration

I/We Agree to be bound by the Trust Deed as amended from time to time, governing the superannuation fund known as Prime Super.
I/We 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 Superannuation Guarantee legislation.
I/We declare that I/We have received and read the Prime Super PDS dated 15 December 2008 including the privacy statement.
I/We declare that the details in this form are true and correct.

Signature

Print Full Name

Please send this completed form to:
Prime Super
PO Box 2229
Wollongong, NSW 2500
or Freefax to: 1800 023 662
Enquiries: Freecall 1800 675 839
8am to 8pm Monday to Friday (Sydney Time)

Date
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ERP

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