

Employer application or change of details

Please complete this form to become a registered employer of Prime Super or to update your details.

Please read this information before you complete the form

You can update your details via our EmployerOnline portal.

Please complete this form in pen using block letters or complete online then print to sign.

1 Employer details

Employer name

Trading name

Employer number (if you are already registered)

ACN

ABN

Industry

Postal address

Town/Suburb/City

State

Postcode

Phone number (BH)

Mobile

Contact name

Contact position

Email

2 Making contributions

Contribution frequency

Please advise the frequency with which you intend to make payments.

Quarterly

Monthly

3 Industry specification

In addition to our Super Division, which is open to all eligible members, Prime Super provides separate divisions for those in the Health or Education industries.

Please select the appropriate box below to indicate your industry specification.

My company operates in the Health, aged care or related industries (e.g. medical services, aged care, surgical, pharmaceuticals, etc.)

My company operates in the Education sector (e.g. schools, early learning facilities etc.)

other (recruitment, farming, retail etc.) – please specify below.

4 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 the Superannuation Guarantee legislation.
- I/We declare that the details in this form are true and correct.
- I/We declare that if I/We have applied to join the Health division that I/We operate in the health, aged care or related industries and am/are eligible to join the Health division of Prime Super, or
- I/We declare that if I/We have applied to join the Education division that I/We operate in the education industries and am/are eligible to join the Education division of Prime Super.

Full name

Contact position

Employer signature

Date

Return this form to us via mail or email

mail: Prime Super
Reply Paid 85860
PARRAMATTA NSW 2124
No stamp required

email: administration@primesuper.com.au
visit: primesuper.com.au
call: 1800 675 839