



Employer's New Member Enrolment and Initial Remittance Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Important information for you

This form is to be used to enrol new employees into Australian Enterprise Super. Please note that new enrolments cannot be accepted without an accompanying initial contribution for each employee listed. To enrol more than three new employees, please complete their details in section 9 'Additional New Members' and add their contributions to the totals in section 3. For three or less new employees, section 9 is unnecessary.

2. Employer Details

Australian Enterprise Super Employer Number (if known)

Employer Business or Trading Name

Attached contribution for the period of

to

Contact Name

Phone (Business Hours)

Fax

Email Address* (Please **do not** leave any spaces empty, continue word on next line if necessary)

*Providing your email address means you are willing to receive important information about your Australian Enterprise Super account and other benefits and services by email.

3. Member Enrolment Details

Surname

Title

Date of Birth

Given Name

Unit / Street Number

Street Name

Suburb / Town

State

Postcode

Phone (After Hours)

Mobile

Date Joined Employer

A) Contribution to Employer Compulsory Account

\$

B) Contribution to Employer Supplementary Account

\$

C) Contribution to Member Deemed (Salary Sacrifice) Account

\$

D) Contribution to Member Voluntary Account

\$

E) Total Contribution (A+B+C+D)

\$

6. Privacy Statement

The information requested on this form is required in order to administer fund membership. It may also be provided to specific organisations to provide services to members on our behalf. A member's personal information will not be used or disclosed for any other purpose without the member's consent. If a member does not provide the information requested, Australian Enterprise Super may not be able to administer the member's account. Members may have access to the information Australian Enterprise Super holds about them. If you would like a copy of our Privacy Statement, please visit our website or call 1800 555 024.

7. Declaration

I hereby declare that to the best of my knowledge and belief, the information I have provided is true and correct and I acknowledge that I have read the above Privacy Statement.

Signed

Date

D	D	M	M	Y	Y	Y	Y
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8. Please return this form to:

Australian Enterprise Super
GPO Box 2258
Melbourne Vic 3001

For further information:

Phone: 1800 555 024
Fax: 1300 880 168
Email: info@aesuper.com.au
Website: www.aesuper.com.au

Professional Associations Superannuation Limited
(ABN 14 056 917 303 AFSL 222590 RSE L0000352)
as Trustee of Professional Associations Superannuation
Fund (PASF) (ABN 78 984 178 687 RSE R1000429).
Australian Enterprise Super is a division of PASF.

9. Additional New Members

Member Enrolment Details

Surname	Title	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given Name	<input type="text"/>		
Unit / Street Number	Street Name		
<input type="text"/>	<input type="text"/>		
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (After Hours)	Mobile		
<input type="text"/>	<input type="text"/>		
Date Joined Employer	<input type="text"/>		
A) Contribution to Employer Compulsory Account	\$	<input type="text"/>	<input type="text"/>
B) Contribution to Employer Supplementary Account	\$	<input type="text"/>	<input type="text"/>
C) Contribution to Member Deemed (Salary Sacrifice) Account	\$	<input type="text"/>	<input type="text"/>
D) Contribution to Member Voluntary Account	\$	<input type="text"/>	<input type="text"/>
E) Total Contribution (A+B+C+D)	\$	<input type="text"/>	<input type="text"/>

Member Enrolment Details

Surname	Title	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given Name	<input type="text"/>		
Unit / Street Number	Street Name		
<input type="text"/>	<input type="text"/>		
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (After Hours)	Mobile		
<input type="text"/>	<input type="text"/>		
Date Joined Employer	<input type="text"/>		
A) Contribution to Employer Compulsory Account	\$	<input type="text"/>	<input type="text"/>
B) Contribution to Employer Supplementary Account	\$	<input type="text"/>	<input type="text"/>
C) Contribution to Member Deemed (Salary Sacrifice) Account	\$	<input type="text"/>	<input type="text"/>
D) Contribution to Member Voluntary Account	\$	<input type="text"/>	<input type="text"/>
E) Total Contribution (A+B+C+D)	\$	<input type="text"/>	<input type="text"/>

