

Employer schedule of initial members

Important Information

The Trustee or your Adviser is obliged to give you a product disclosure statement (PDS) which is a summary of important information relating to Enterprise Plan. The PDS will help you to understand the product and decide if it is appropriate to your needs, and your employees. Please ensure as well as completing this schedule, that each employee completes an employee application from the PDS.

A member will not be enrolled into Enterprise Plan until the first contribution for the member is received. If an Employee does not submit an Employee Application or choose an investment option, their contributions will be invested in Enterprise Plan MySuper Balanced.

If you are using a Clearing House provider for superannuation payments, please insert the word 'NEW' in member number field of the provider for any new members requiring a member number for this purpose. Once the initial contribution has been received a member number will be issued for any future payments.

Title	Full name	Sex	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	Email		
<input type="text"/>	<input type="text"/>		
Date joined employer	Occupation		
<input type="text"/>	<input type="text"/>		
Job description			
<input type="text"/>			
Annual income	TFN		
<input type="text"/>	<input type="text"/>		
Contribution ** (initial contribution only)	Type of contribution (if not SG)		
<input type="text"/>	<input type="text"/>		
Number of hours in regular employment from all employers <input type="text"/> per week			

Title	Full name	Sex	Date of birth
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<input type="text"/>	<input type="text"/>		
Number of hours in regular employment from all employers <input type="text"/> per week			

Title Full name Sex Date of birth

Address

Suburb State Postcode

Telephone Email

Date joined employer Occupation

Job description

Annual income TFN

Contribution ** (initial contribution only) Type of contribution (if not SG)

Number of hours in regular employment from all employers per week

Title Full name Sex Date of birth

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Suburb State Postcode

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Date joined employer Occupation

Job description

Annual income TFN

Contribution ** (initial contribution only) Type of contribution (if not SG)

Number of hours in regular employment from all employers per week

Note: If there is insufficient space, a photocopy of this page with new member information or a separate schedule will suffice.

* TFN laws require an employer to pass on TFNs of employees to your employees' superannuation fund, where the employee has quoted the TFN to you for superannuation purposes. The TFN is generally required to be quoted to the superannuation fund when you next make a superannuation contribution for the employees who quoted their TFN to you. If you fail to pass on an employee's TFN to their superannuation fund, this could have significant financial implications for the employee (refer Australian Tax Office (ATO) - TFN and superannuation, a guide for employers at ato.gov.au/super). The ATO considers it to be a serious offence if an employer fails to pass on their employee's TFN to the relevant superannuation fund.

** The employer should ensure that any contributions, made on behalf of an employee, are permitted under contribution rules in superannuation legislation.

‘At Work Certificate’ for insurance

Sign the ‘At Work Certificate’ below for any new members listed above who require insurance cover.

I/We declare that:

Enterprise Plan is our default fund for superannuation ‘Choice of Fund’ purposes and that each of the above employees is:

- A full time employee, who is not excluded and who was at work on the day they joined Enterprise Plan, actively performing all of the duties of their usual occupation for the normal daily hours of work, and not in receipt of and/or entitled to claim income support benefits from any source.
- A casual employee means an employee, who is not excluded and who is not employed on a permanent basis under an ongoing contract that:
 - (a) is for an indefinite duration or a fixed term of more than 6 months; and
 - (b) requires the employee to perform identifiable duties for a regular number of hours each week; and
 - (c) provides the employee with paid annual leave, sick leave, leave loading and long service leave.

I/We further declare that each of the above employees will:

- Receive a contribution within 120 days of the end of month of joining our employ; OR
- Commence cover upon receipt of the first contribution.

I have read and understood my obligations relating to my ‘Duty of Disclosure’ (refer to the Insurance Guide and the relevant Appendix for your Tailored Sub Plan), and we understand that any employee who does not qualify for default insurance cover will be subject to the provision of evidence of good health satisfactory to the Insurer, and the acceptance of cover by the Insurer in writing.

Name of authorised officer

Telephone

Signature

Date

 / /

Please send the completed form to: Enterprise Plan, PO Box 1282, Albury NSW 2640

Contact us

Phone: 1800 816 575

Email: service@supermanagers.com.au

Website: enterpriseplan.com.au

The information in this document has been prepared by OneVue Super Services Pty Ltd ABN (74 006 877 872), AFSL 246883 as the Fund Administrator. It is intended to provide you with general information only and does not take into account your personal objectives, financial situation and needs. Before making any decisions regarding your benefits in **Enterprise Plan sub Fund of the Executive Super Fund** ABN 60 998 717 367 (the Fund) it is important that you consider the current Product Disclosure Statement (PDS) relevant to your category of membership having regard to your own situation and needs. Copies of the various PDS’ are available on the Enterprise Plan’s website enterpriseplan.com.au. You should consult a licensed or authorised financial adviser if you require advice that takes into account your personal circumstances.