

Employer Application - Employer Division

Before you sign this application form, the Trustee or financial adviser is obliged to give you a Product Disclosure Statement ("PDS") [which is a summary of important information relating to the Fund]. The PDS will help you to understand the product and decide if it is appropriate to your needs.

1. EMPLOYER DETAILS

Employer Name:

ABN:

Street Address:

City:

State: Postcode:

Postal Address:

City:

State: Postcode:

Contact Name:

Position/Title:

Email Address:

Phone: Fax:

2. INSURANCE COVER

Death and Total & Permanent Disablement Insurance Cover:

Emplus MySuper Cover:

Emplus Tailored Cover: Formula Basis:

Income Protection Insurance Cover:

No Yes

Benefit Period: 2 years

Waiting Period: 30 days 90 days

Notes:

3. EMPLOYEE DETAILS

A 'New Member Details' form is attached: Yes No

4. DECLARATION AND SIGNATORIES

1. I/We have read the PDS dated 30 September 2017 and hereby apply to become a Participant in the Fund and agree to be bound by the provisions of the trust deed and the Rules constituting the Fund as amended from time to time ['the Trust Deed'] and of this PDS.
2. I/We will provide the Trustee with any information relating to my/our participation in the Fund as and when requested, or upon any change to information previously advised.
3. I/We agree to the use of information by the Trustee in accordance with the privacy statement (available at www.emplus.com.au/privacy)
4. I/We agree to contribute to the Fund on a regular basis to the extent permitted by government legislation and regulations.
5. I/We acknowledge that a user id and password will be issued to the email address nominated above to enable access to MySuperSolution, an online portal for Emplus employers and members, and I/we accept the MySuperSolution Terms and Conditions. (refer below).
6. I/We confirm that the employees nominated for membership who are listed in the attached 'New Member Details' form meet all of the following requirements on the day they joined Emplus Super:
 - a. the listed employees are performing all the duties of their usual occupation working their usual hours, are not on leave by reason of illness or injury, and are not in receipt of, and are not entitled to, claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.
 - b. the listed employees have not been paid, are not entitled to be paid, are not in a waiting period, and are not in the process of claiming any insurance benefit under the Emplus insurance policy or any other policy.

Full Name:

Position/Title:

Signature:

Full Name:

Position/Title:

Signature:

We are committed to respecting the privacy of the personal information you give us. Our formal Privacy Statement sets out how we do this. If you would like a copy of Emplus Super's Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.emplus.com.au/privacy

MYSUPERSOLUTION TERMS AND CONDITIONS

It is important that you read and understand the following terms and conditions, and that you read the Fund's Privacy Statement, before completing this form.

1. You must keep your password secure and confidential at all times. Any failure to keep your password secure and confidential may result in unauthorised access to your data. You should ensure that you update your password on a regular basis (no less frequent than monthly).
2. The MySuperSolution facility is provided by AdminPARTNERS Pty Ltd (AdminPARTNERS). The Trustee and the Fund Administrator of your superannuation Fund have arranged for AdminPARTNERS to provide this facility to Fund members, employers, and advisers. Neither the Trustee, Fund Administrator, nor AdminPARTNERS warrant that the Internet is a secure and confidential method of communication and you agree that you use the service at your own risk. All parties agree that all messages transmitted via MySuperSolution will have the same status that would apply if they were sent in writing, unless it can be shown that a message has been corrupted as a result of a technical failure or unauthorised interference.
3. In utilising the MySuperSolution service, you acknowledge that you have not relied in any way upon any representation or statement made by or on behalf of the Trustee, the Fund Administrator, nor AdminPARTNERS, their employees or agents, or any descriptions, illustrations, specifications, skill or judgment of the Trustee, the Fund Administrator, nor AdminPARTNERS, their employees or agents, and that you have satisfied yourself as to the condition and suitability of Emplus Active for your purposes. To the extent permitted by law, neither the Trustee, the Fund Administrator, nor AdminPARTNERS has any liability for any direct or indirect loss or damage, suffered as a result of the use, misuse or non use of MySuperSolution by you or anyone else.