

## Nominating Employees for Membership

Use this form to nominate your employee(s) for membership of the Contributory Accumulation or Accumulation categories of the Seafarers division of Maritime Super. You must provide all of the information requested, otherwise the Trustee may not accept your nomination(s).

Complete, sign and return this form by **fax to (03) 9686 0377** or post to Maritime Super, Level 4, 6 Riverside Quay, Southbank VIC 3006.

### Employer Details

Employer's Business Name		Maritime Super Employer ID	
<input type="text"/>		<input type="text"/>	
Address (if you have recently moved or opened at a new location)			
<input type="text"/>		<input type="checkbox"/> Head Office/Registered Address	<input type="checkbox"/> Payroll office
Contact Name (Authorised Officer)	Position		
<input type="text"/>	<input type="text"/>		
Email Address	Phone Number		
<input type="text"/>	<input type="text"/>		

### Nominate your Employees

#### Employee Nomination 1

Payroll Number	Employee's Full Name	Employment Type	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time <input type="checkbox"/> Casual
Address		Occupation employed as	
<input type="text"/>		<input type="text"/>	
Employee's Date of Birth	Date joined Company	Date of eligibility for category <sup>1</sup>	Tax File Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Employee Nomination 2

Payroll Number	Employee's Full Name	Employment Type	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time <input type="checkbox"/> Casual
Address		Occupation employed as	
<input type="text"/>		<input type="text"/>	
Employee's Date of Birth	Date joined Company	Date of eligibility for category <sup>1</sup>	Tax File Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Employee Nomination 3

Payroll Number	Employee's Full Name	Employment Type	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time <input type="checkbox"/> Casual
Address		Occupation employed as	
<input type="text"/>		<input type="text"/>	
Employee's Date of Birth	Date joined Company	Date of eligibility for category <sup>1</sup>	Tax File Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>1</sup> Applicable for TT Lines.

### Employer's Declaration

The Employer nominates each employee for membership of Maritime Super, and has or will contribute for each employee to the Fund.

Authorised Officer's Signature	<input type="text"/>	Date	<input type="text"/>
--------------------------------	----------------------	------	----------------------

Employer's Business Name  Maritime Super Employer ID

**Employee Nomination 4**

Payroll Number  Employee's Full Name  Employment Type  Full-Time  Part-Time  Casual

Address  Occupation employed as

Employee's Date of Birth  /  /  Date joined Company  /  /  Date of eligibility for category<sup>1</sup>  /  /  Tax File Number

**Employee Nomination 5**

Payroll Number  Employee's Full Name  Employment Type  Full-Time  Part-Time  Casual

Address  Occupation employed as

Employee's Date of Birth  /  /  Date joined Company  /  /  Date of eligibility for category<sup>1</sup>  /  /  Tax File Number

**Employee Nomination 6**

Payroll Number  Employee's Full Name  Employment Type  Full-Time  Part-Time  Casual

Address  Occupation employed as

Employee's Date of Birth  /  /  Date joined Company  /  /  Date of eligibility for category<sup>1</sup>  /  /  Tax File Number

**Employee Nomination 7**

Payroll Number  Employee's Full Name  Employment Type  Full-Time  Part-Time  Casual

Address  Occupation employed as

Employee's Date of Birth  /  /  Date joined Company  /  /  Date of eligibility for category<sup>1</sup>  /  /  Tax File Number

**Employee Nomination 8**

Payroll Number  Employee's Full Name  Employment Type  Full-Time  Part-Time  Casual

Address  Occupation employed as

Employee's Date of Birth  /  /  Date joined Company  /  /  Date of eligibility for category<sup>1</sup>  /  /  Tax File Number

<sup>1</sup> Applicable for TT Lines.

**Employer's Declaration**

The Employer nominates each employee for membership of Maritime Super, and has or will contribute for each employee to the Fund.

Authorised Officer's Signature  Date  /  /

**Privacy information and consents**

Personal information is collected from or in respect of you to enable Maritime Super to administer your (or your employees') benefits. If you do not supply the required information, we may not be able to do so (and may be unable to action your requests). We may disclose this personal information to a number of parties, such as the administrator of the Fund, Maritime Super's professional advisers, insurer(s) and service providers, as required by law and/or as authorised by you. You may be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access or have a complaint, please contact Member Services on 1800 757 607.