

Nominating Employees for Membership

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

Before nominating an employee for membership, you must be an existing Full Participating Employer or Participating Employer.

Complete, sign and return this form by **fax to (02) 9261 3683**. Alternatively, you may post this form to Maritime Super, Locked Bag 2001, QVB Post Office NSW 1230.

Employer Details

Employer's Business Name <input style="width: 95%;" type="text"/>	Maritime Super Employer ID <input style="width: 95%;" type="text"/>	Contact Name <input style="width: 95%;" type="text"/>
Position <input style="width: 95%;" type="text"/>	Phone Number <input style="width: 95%;" type="text"/>	Email Address <input style="width: 95%;" type="text"/>

Nominate your Employees

Payroll No.	Employee's Full Name	Date of Birth	Address	Membership Category	After-tax or Salary Sacrifice?*	Date of Joining Company	Date of Eligibility for Category	Tax File Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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* For compulsory contributions for Accumulation Plus members only

Payroll No.	Employee's Full Name	Date of Birth	Address	Membership Category	After-tax or Salary Sacrifice?*	Date of Joining Company	Date of Eligibility for Category	Tax File Number
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* For compulsory contributions for Accumulation Plus members only

Employer's Declaration – note that this form MUST be signed by an Authorised Officer of the employer

I confirm that:

- the information supplied is true and correct
- the employer is an existing Full Participating or Participating Employer in the Stevedores division of Maritime Super
- I wish to apply on behalf of the employer for membership of Maritime Super on behalf of the employees nominated on this form (and I am authorised for this purpose by the employer)
- each person nominated is (or was) an employee for whom contributions have been made or are being made with this application to Maritime Super; and
- in respect of each (if any) employee nominated for membership of the Accumulation Plus division of Maritime Super, the employer has agreed the basis of compulsory contributions with the employee.

Authorised Officer's Signature

Authorised Officer's Name

Date

Privacy information and consents

Personal information is collected from or in respect of you and your employees 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 your 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.