

## Nominating Employees for Membership

Use this form to nominate your employee(s) for membership of the Accumulation Plus, Accumulation Basic or Accumulation Standard categories of the Stevedores division of Maritime Super. You must provide all of the information required, otherwise the Trustee may not accept your nomination(s). Complete, sign and return this form by **fax to (02) 9261 3683** or post to Maritime Super, Locked Bag 2001, QVB Post Office NSW 1230.

### Employer Details

Employer's Business Name	<input type="text"/>		Maritime Super Employer ID	<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)	<input type="text"/>	Position	<input type="text"/>	
Email Address	<input type="text"/>	Phone Number	<input type="text"/>	

### Nominate your Employees

#### Employee Nomination 1

Payroll Number	<input type="text"/>	Employee's Full Name	<input type="text"/>		Employment Type	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Casual
Residential Address	<input type="text"/>			Occupation	<input type="text"/>			
Category	<input type="checkbox"/> Accumulation Plus	<input type="checkbox"/> Accumulation Basic	<input type="checkbox"/> Accumulation Standard	Compulsory Member Contributions (for Accumulation Plus members ONLY)		<input type="checkbox"/> Salary sacrifice	<input type="checkbox"/> After-tax	
Employee's Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date joined Company	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of eligibility for category	<input type="text"/> / <input type="text"/> / <input type="text"/>	Tax File Number		
Employee's Residency Status	<input type="checkbox"/> Australian citizen or permanent resident		<input type="checkbox"/> Temporary resident on a current 457 visa		<input type="checkbox"/> Other temporary resident			
<input type="checkbox"/> (Tick if applicable) The employee was NOT actively at work on the later of the first day of employment and the date first eligible for membership of the category.								

#### Employee Nomination 2

Payroll Number	<input type="text"/>	Employee's Full Name	<input type="text"/>		Employment Type	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Casual
Residential Address	<input type="text"/>			Occupation	<input type="text"/>			
Category	<input type="checkbox"/> Accumulation Plus	<input type="checkbox"/> Accumulation Basic	<input type="checkbox"/> Accumulation Standard	Compulsory Member Contributions (for Accumulation Plus members ONLY)		<input type="checkbox"/> Salary sacrifice	<input type="checkbox"/> After-tax	
Employee's Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date joined Company	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of eligibility for category	<input type="text"/> / <input type="text"/> / <input type="text"/>	Tax File Number		
Employee's Residency Status	<input type="checkbox"/> Australian citizen or permanent resident		<input type="checkbox"/> Temporary resident on a current 457 visa		<input type="checkbox"/> Other temporary resident			
<input type="checkbox"/> (Tick if applicable) The employee was NOT actively at work on the later of the first day of employment and the date first eligible for membership of the category.								

### Employer's Declaration

The Employer nominates each employee for membership of Maritime Super, and has or will contribute for each employee to the Fund in accordance with the rules of the Fund and any contribution agreement with the employee. The Employer confirms, in respect of each (if any) employee nominated for membership of Accumulation Plus, that the Employer has agreed the basis of compulsory contributions with the employee. The Employer understands contributions must be made for the employee by the SG cut-off date in respect of the first date of employment for the employee to automatically qualify for Basic insurance cover (if applicable).

Authorised Officer's Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Employer's Business Name <input style="width:95%;" type="text"/>	Maritime Super Employer ID <input style="width:95%;" type="text"/>
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**Employee Nomination 3**

Payroll Number <input style="width:95%;" type="text"/>	Employee's Full Name <input style="width:95%;" type="text"/>	Employment Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual
Residential Address <input style="width:95%;" type="text"/>		Occupation <input style="width:95%;" type="text"/>
Category <input type="checkbox"/> Accumulation Plus <input type="checkbox"/> Accumulation Basic <input type="checkbox"/> Accumulation Standard		Compulsory Member Contributions (for Accumulation Plus members ONLY) <input type="checkbox"/> Salary sacrifice <input type="checkbox"/> After-tax
Employee's Date of Birth <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/>	Date joined Company <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/>	Date of eligibility for category <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/>
Employee's Residency Status <input type="checkbox"/> Australian citizen or permanent resident <input type="checkbox"/> Temporary resident on a current 457 visa <input type="checkbox"/> Other temporary resident		
<input type="checkbox"/> (Tick if applicable) The employee was NOT actively at work on the later of the first day of employment and the date first eligible for membership of the category.		

**Employee Nomination 4**

Payroll Number <input style="width:95%;" type="text"/>	Employee's Full Name <input style="width:95%;" type="text"/>	Employment Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual
Residential Address <input style="width:95%;" type="text"/>		Occupation <input style="width:95%;" type="text"/>
Category <input type="checkbox"/> Accumulation Plus <input type="checkbox"/> Accumulation Basic <input type="checkbox"/> Accumulation Standard		Compulsory Member Contributions (for Accumulation Plus members ONLY) <input type="checkbox"/> Salary sacrifice <input type="checkbox"/> After-tax
Employee's Date of Birth <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/>	Date joined Company <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/>	Date of eligibility for category <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/>
Employee's Residency Status <input type="checkbox"/> Australian citizen or permanent resident <input type="checkbox"/> Temporary resident on a current 457 visa <input type="checkbox"/> Other temporary resident		
<input type="checkbox"/> (Tick if applicable) The employee was NOT actively at work on the later of the first day of employment and the date first eligible for membership of the category.		

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Authorised Officer's Signature <input style="width:95%; height: 25px;" type="text"/>	Date <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/> / <input style="width:25%; text-align:center" type="text"/>
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**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, contact Member Services on 1800 757 607.