

Non-participating Employer Registration

This form should be completed by an employer who wishes to register to make contributions for an employee who is a member of the Accumulation Standard category in the Stevedores division of the Fund. Maritime Super will not accept contributions from employers who have not first registered with the Trustee.

Who is eligible to register as a Non-participating Employer?

An employer must operate in Australia to register and provide details in the form of:

- a government issued number (e.g. ABN or ACN) which will be verified against an Australian government register; OR
- a copy of the documentation issued to you as an employer by an Australian government authority (such as the Australian Taxation Office or the Australian Securities and Investments Commission (ASIC))

Employers who operate in the maritime industry should apply to become a participating employer of Maritime Super. Contact Member Services on 1800 757 607 to find out how.

What does registering to contribute to Maritime Super mean?

You need to register before contributing to Maritime Super so we have sufficient details to contact you if we have any questions about the contributions you make to the Fund, or if we need to provide you with updated information about Maritime Super. However, registering to contribute **does not** mean that you have an agreement with the Trustee to contribute to Maritime Super for employee members. The amount and timing of your contributions should be agreed directly with your employee member(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.

OFFICE USE ONLY - Employer Code

Approval

Date

 / /

Employer Details

Employer Name (Business Name)

Employer Trading Name (if different)

Please provide employer details:

Australian Business Number (ABN)

OR

Name/type of document

Document Number

Issued by

OR

Australian Company Number (ACN)

Nature of Business or the industry the Employer operates in

Employer's Address (head office/registered address)

Street Address

Postal Address (if different from above)

Email address

Phone Number

Employer's Address for Correspondence (for day-to-day queries and contribution requests e.g. the Payroll Manager)

Contact Position

Address (if different from above)

Email address

Phone Number

Authorised Officers – provide details for each person you wish to authorise to act on your Company's behalf

Name	Signature	Position	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Signature	Position	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employees Members' details

Nominate the existing or new members of Maritime Super on behalf of whom you would like to contribute.

Employee Nomination 1

Employee's Full Name

Member Number

Employee's Address

Date of Birth

 / /

Tax File Number¹

Tick (✓) if employee has a controlling interest in the Employer (if applicable)

Employee Nomination 2

Employee's Full Name

Member Number

Employee's Address

Date of Birth

 / /

Tax File Number¹

Tick (✓) if employee has a controlling interest in the Employer (if applicable)

Employee Nomination 3

Employee's Full Name

Member Number

Employee's Address

Date of Birth

 / /

Tax File Number¹

Tick (✓) if employee has a controlling interest in the Employer (if applicable)

Employee Nomination 4

Employee's Full Name

Member Number

Employee's Address

Date of Birth

 / /

Tax File Number¹

Tick (✓) if employee has a controlling interest in the Employer (if applicable)

¹ Please note that if you collected your employee's tax file number on a Tax File Number Declaration after 30 June 2007, you must advise Maritime Super of the TFN within 14 days of first contributing for the employee.

Employer's Declaration

I/We wish to register to contribute to Maritime Super. I/We confirm that:

- the information on this form is true and correct; and
- I/we have the authority to register the employer to contribute to Maritime Super; and
- I/we have the authority to nominate officers authorised to deal with Maritime Super on behalf of the employer.

Name

Signature

Date

 / /

Capacity or Position

Name

Signature

Date

 / /

Capacity or Position

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.