

Default superannuation partner application form



Is this a new account?

YES - please complete Section 1 to 3 of this application.

NO - please select a reason for new details and complete your name, telephone, and address below

Change of ownership retaining the same business name

Sale of business with a new business name

Previous Business Name

New Business Name

Phone no.

Mobile phone no.

Street address

State

Postcode

Country

Email

1. Employer details

Trading name

Business name (if different to Trading name)

ABN

Are you associated with a buying group?

No

Yes - please specify:

Are you a member of an association?

No

Yes - please specify:

Type of business

Pharmacy

Veterinary

Physiotherapy

Chiropractor

Dentistry

Other:

Number of stores/sites

Number of employees

BUSINESS ADDRESS

Street address

State

Postcode

Country

PO Box

Suburb

State

Postcode

PRIMARY CONTACT

Given name(s)

Surname

Position title

Email

Phone no.

Mobile no.

ADDITIONAL CONTACT PERSON

Given name(s)

Surname

Position title

Email

Phone no.

Mobile no.

2. Payroll and superannuation details

By completing this form, you are electing GuildSuper as your organisation's default superannuation fund.

Payroll Provider (if applicable)

Payroll Software (e.g. MYOB, Xero)

Employee Onboarding Platform (if applicable) (e.g. Flare, Employment Hero)

Would you like to register to use the GuildSuper Clearing House (Super Connector)?

Yes

No

Continued over...



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3. Declaration

To the Trustee:

Application is hereby made to become a participating employer of GuildSuper. I/We agree to abide by and be bound by the provisions of the Trust Deed and further declare that:

1. I/We have been supplied with and read the accompanying GuildSuper PDS with which this application was included. I/We accept that the Trustee of GuildSuper is Equity Trustee Superannuation Limited (the Trustee).
2. I/We have been informed that GuildSuper is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and is not subject to a direction under Section 63 of that Act.
3. I/We confirm that any fees payable have been disclosed to us.

4. I/We accept that the Trustee, unless otherwise stated, nor any of its subsidiary or associated companies, nor any investment manager nor their subsidiary or associated companies, guarantees the performance of, or repayment of capital from GuildSuper.
5. I/We agree to supply accurate information in respect of members, as required for the administration of GuildSuper.
6. I/We declare that I/we have read the information in the PDS in relation to Insurance Cover. I/We understand that by signing employees to join GuildSuper, they will be granted Default Cover which will commence from the date that there are sufficient funds in the member's account to meet insurance costs. All insurance cover is subject to the insurance terms and conditions.

7. I/We acknowledge that I/we have read and understood the Trustee's Privacy Statement available at eqt.com.au/global/privacystatement
8. The Trustee is authorised to accept the signature of the authorised representative, whose signature appears above, to act for the principal employer and any associated employers.
9. If I/we have disclosed personal information about any other person (i.e. members), I/we confirm that I am/we are authorised to:
 - a) disclose to the Trustee personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
 - b) consent to disclosure to, and the obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Signed on behalf of the employer by the authorised representative

X

Date

Next steps

Please return this completed form to:
GuildSuper, GPO Box 1088 Melbourne, Vic 3001

Need help?

Call our Member Services Team on **1300 361 477** from 8.30am - 5.00pm (AEST) Monday to Friday or visit guildsuper.com.au.

GUILDSUPER USE ONLY	Consultant's name	Code
	<input type="text"/>	<input type="text"/>

