

# ANZ Superannuation Savings Account (ANZ SSA) Employer Application



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## Customer Services

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Date faxed (dd/mm/yy)

Number of pages faxed

This Application is the only means for their employers to apply for their employees' membership of ANZ SSA.  
Applications cannot be accepted on an expired or withdrawn Application.

If you are adding new employees please complete the **Member Registration Form**.

### 1. EMPLOYER DETAILS (PLEASE PRINT NEATLY IN CAPITAL LETTERS)

Allocated employer no  
(if known)

ABN\*

Full name of employer\*

Trading name

Postal address\*

Suburb/Town

State

Postcode

Country

\* Mandatory information.

### 2. AUTHORISED CONTACT PERSON (AUTHORISED TO TRANSACT ON BEHALF OF EMPLOYER):

Title\*  Mr  Mrs  Ms  Miss  Dr  Other

Surname\*

Given name(s)\*

Phone\*

Business\*

Mobile

Fax

Email address

\* Mandatory information.

### 3. INSURANCE COVER<sup>†</sup>

Insurance cover is automatically provided to eligible employees provided you elect ANZ SSA as the superannuation vehicle for all your employees, as per your nomination below. The type of cover available (Death or Death and TPD) depends on a number of factors. Refer to the Product Disclosure Statement and Additional Information Guide (PDS) for details.

The standard insurance cover is one unit of cover for eligible employees. Cover does not commence until this application and first contribution is received by the Trustee or received at any ANZ bank branch.

Nominate here if insurance is not required for your plan.

Is ANZ SSA the chosen superannuation fund for all employees?

Yes  No (please nominate)

<sup>†</sup> Employees who are not permanent residents or Australian citizens, are not eligible for insurance cover.

Please complete the Contributions Remittance Advice form if employees are existing members of ANZ SSA.

### 4. CONTRIBUTION METHOD

Please advise how you will be making contributions to ANZ SSA and we will forward you the relevant details:

ANZ branch

Electronic funds transfer (EFT)

Cheque to OnePath



## 5. EMPLOYER DECLARATION

- We apply to OnePath Custodians Pty Limited (the Trustee):
  - a) to become a Participating Employer of ANZ SSA
  - b) as an existing employer of the plan who wishes to add new employees to ANZ SSA.
- We have read the PDS and agree to be bound by the provisions of ANZ SSA's Trust Deed (as amended from time to time).
- We understand that a member's benefit may include an insurance benefit payable upon the member's death or total and permanent disablement before age 65 where the member is a full-time employee, or an insurance benefit payable in the event of the member's death only where the member is a part-time employee. We have read and understand the different levels and type of cover available to employees as contained in the PDS.
- We understand that the applicable premiums for insurance cover will be deducted from the member's accounts.
- We understand that TPD insurance is not available to certain excluded occupations.
- We acknowledge that an investment in ANZ SSA is not a deposit with, or liability of ANZ or its related group companies and, except where otherwise provided in this PDS, none of them stands behind or guarantees the Trustee or the capital performance of an investment in ANZ SSA, and that investment is subject to investment risk, including possible repayment delays and loss of income and principal invested.
- We undertake to do all things required by the Trustee to ensure that our participation in ANZ SSA complies with ANZ SSA's Trust Deed, relevant legislation and regulations applicable to superannuation funds.
- We are aware and undertake to satisfy our obligations in respect of employees, which may arise from Industrial Awards/Superannuation Guarantee legislation and any other relevant legislation and regulations.
- We acknowledge that we are not aware and have no reason to suspect that our employee's investment is derived from, related to or used to fund, money laundering, terrorism financing or other similar activities and our instructions in relation to our investment will not result in ANZ or any of its related group companies breaching any related laws or regulations in Australia or any other country.
- We declare that all the details given in this Application are true and complete.
- We have read and understood the Privacy section in the PDS and acknowledge that the collection, use and disclosure of our employee's personal information, by ANZ and OnePath, will be for the purpose of the management and administration of those ANZ and OnePath products and services that are the subject of this application.

### If employer is a company, please complete this section.

Name (in full)	<input type="text"/>	
	(Director)	
	Signature of director (sign clearly within box)	Date (dd/mm/yy)
	<input type="text" value="X"/>	<input type="text" value="/ /"/>

  

Name (in full)	<input type="text"/>	
	(Director)	
	Signature of director (sign clearly within box)	Date (dd/mm/yy)
	<input type="text" value="X"/>	<input type="text" value="/ /"/>

### If employer is a partnership or sole trader, please complete this section.

Name (in full)	<input type="text"/>	
	Sole trader/partner (delete as appropriate)	
	Signature of sole trader/partner (sign clearly within box)	Date (dd/mm/yy)
	<input type="text" value="X"/>	<input type="text" value="/ /"/>

  

Name (in full)	<input type="text"/>	
	Sole trader/partner (delete as appropriate)	
	Signature of sole trader/partner (sign clearly within box)	Date (dd/mm/yy)
	<input type="text" value="X"/>	<input type="text" value="/ /"/>

