

1. EMPLOYER DETAILSBusiness Name (The Employer) ABN (If Applicable) If ABN not available, please provide ACN Address (street number and street) Suburb/Town State Postcode Postal Address (if different from above) Suburb/Town State Postcode Contact Person (Please tick (3) appropriate box) Mr Mrs Miss MsGiven Name Family Name Job Title Contact Phone Fax Mobile Hours available for contact Employer email address What is the structure of your business or organisation Incorporated body Partnership Sole Proprietor CompanyNumber of employees eligible for membership in First Super Current total number of employees **2. ADMINISTRATION DETAILS**

To assist us to ensure efficient implementation of your membership and administration of your super, please complete the following details:

Date contributions will commence Day Month YearI will be paying contributions Monthly Quarterly

Please tick whichever best describes the area of work in which most of your employees are involved

Logging Milling Timber Retail Pulp Furnishing Other Would you like information on transferring an existing superannuation fund into First Super? YESWould you like a First Super coordinator to visit your workplace? YESIf required how many First Super Member Booklets with application forms would you like sent to you?

When completed please send this form to First Super, PO Box 666, Carlton South, VIC 3053

t:1300 360 988 f:1300 362 899