

# Participating Employer Application form - Mercer Business Super

**If you have 15 or more employees, do not complete this form. You need to complete the Contact Form at [mercersuper.com.au/employers](http://mercersuper.com.au/employers).**

Complete this application form to join Mercer Business Super (which forms part of the Corporate Superannuation Division of the Mercer Super Trust) as a participating employer. Once your application is processed, a new default Employer Account will be opened, which will allow you to create default accounts for employees.

You will also benefit from the ease of our online payment portal for Employers, QuickSuper, which is free with Mercer Business Super plans.

QuickSuper allows you to make compliant superannuation contributions electronically for any default or choice accounts. Refer to the Employer Guide for more information.

**If you need help**

For assistance or to access the Privacy Policy and your personal information call the Helpline on **1800 682 525**.



**Complete and return this form to [MST@mercerc.com](mailto:MST@mercerc.com)**

## Step 1: Participating Employer's details

Participating Employer's full company name

Employer Account name\* (we will use your company name unless you want to use your trading name as your Employer Account)

ABN\*

Industry\*

Business address\*

Suburb\*

State\*

Postcode\*

Postal address

Suburb

State

Postcode

Primary contact name\*

Position\*

Telephone (including area code)\*

Mobile\*

*Continued over*

### Step 1: Participating Employer's details (continued)

Email\*

Payroll (secondary) contact name

Position

Telephone (including area code)

Mobile

Email

Total number of employees\*

### Step 2: Fees and costs

Standard fees and costs will apply to your Employer Account. Please refer to the Product Disclosure Statement (PDS) and associated documents for more information on the fees and costs applicable in Mercer Business Super.

You can obtain a copy of the PDS at [www.mercersuper.com.au/pds](http://www.mercersuper.com.au/pds) or by calling the Helpline on 1800 682 525.

### Step 3: Insurance cover

A minimum level of Death and Total and Permanent Disablement (TPD) is required under superannuation law.

Your Employer Account will have 5 units of Standard cover for your employees.

## Step 4: Adviser detail

Please provide details of the Participating Employer's financial adviser or dealer group. If there is no financial adviser, proceed to Section 5.

Adviser company or dealer group name

ABN

Adviser name

Licence or registration number

Postal address

Suburb

State

Postcode

Telephone (including area code)

Mobile

Email

## Step 5: Your privacy

We collect, use and disclose personal information about you and your employees (collectively, "you") in order to manage the superannuation benefits we provide to you and to keep you up to date with information about Mercer Business Super and your interests in it. Our Privacy Policy outlines the type of information we keep about you and how we, and any organisations we appoint to provide services on our behalf, will use this information. If you do not provide the personal information requested, we may not be able to manage your superannuation. You can read our Privacy Policy online at [mercer.com.au/privacy](https://mercer.com.au/privacy) or you can obtain a copy by calling the Helpline.

The Policy also includes details about how you may lodge a complaint about the way we have dealt with your information and how we will handle that complaint.

## Step 6: Participating Employer's declaration

Before submitting this application, you should read and understand the Product Disclosure Statement (and its incorporated documents) for Mercer Business Super and the governing rules of the Mercer Super Trust and the Corporate Superannuation Division which govern the rights and obligations of employers. You can obtain a copy of the Product Disclosure Statement at [mercersuper.com.au/pds](http://mercersuper.com.au/pds) and the governing rules constituting the Mercer Super Trust and the Corporate Superannuation Division at [mercersuper.com.au/documents/governance-and-trustee-documents](http://mercersuper.com.au/documents/governance-and-trustee-documents), or by calling the Helpline on 1800 682 525.

### The Participating Employer named on this application form hereby:

- declares the details given in this application form are complete, true and correct;
- applies for admission and default fund status as a participant in Mercer Business Super in accordance with the terms and conditions of the governing rules constituting the Mercer Super Trust and the Corporate Superannuation Division with effect from the date the application is processed (the Commencement Date);
- acknowledges that neither the trustee nor any of its related companies guarantee the repayment of capital or the investment performance of Mercer Business Super;
- agrees to pay to the trustee from time to time the fees, taxes, expenses and insurance premiums (if any) which the Participating Employer has agreed to pay in relation to Mercer Business Super;
- acknowledges that any incorrect information or failure to disclose material information about an employee member may result in avoidance or reduction of insurance cover provided to the extent that it relates to a specific employee and is reasonably relevant to that specific employee's application for cover or existing cover;
- acknowledges that the provision of insurance cover is subject to the terms and conditions of the insurance policy held by the trustee from time to time;
- agrees to the appointment of the nominated adviser in Section 4 for the purposes of providing financial services to employees that are members of the Participating Employer plan. The nominated Adviser is given access to employer and employee member superannuation account details with the authority to make enquiries on behalf of the employer. The nominated Adviser can only enquire on an employee member's behalf with the express written consent from the employee member; and
- authorises the trustee to accept the signature(s) of the person(s) nominated below for the purposes of nominating new employees, authorising requests for payment of benefits or for any other purpose relating to the administration of the plan.

Executed by an authorised representative of the Participating Employer.

### Authorised Representative

Full name

Signature

Date (dd/mm/yyyy)

### Internal use only
