


Employer application form

Information sheet

When to use this form

 Please read the latest SignatureSuper product disclosure statement (PDS) and target market determination (TMD) before completing this form.

Use this form to become an employer sponsor of SignatureSuper, which is part of the AMP Super Fund. This allows you to create super accounts for your employees.

We'll send you instructions to help you make your super contribution payments once we've received your application.

Once we've processed your application, your employees will receive a **welcome letter** and they'll be automatically set up with a **My AMP** account (a secure area in amp.com.au to view and manage their account).

Insurance information

The following default insurance arrangement will be offered to your employees when they become members of SignatureSuper:

- Death, and
- Total and Permanent Disablement (TPD), and
- Income Protection (IP).

A minimum level of Death and TPD is required under superannuation law.

Your application and the insurance commencement date for your employees may be delayed if we receive an application from you that's incomplete or missing information.

Investment option information

The AMP MySuper Lifestages investment option will be the default investment option for your employees.

Refer to the PDS for further information and fees that will apply.

SuperStream information

Under SuperStream (the government's legislation for electronic super payments) all employers need to pay super contributions through a method that meets the SuperStream rules.

Employers can do this by using:

- AMP eSuper—a free online service you can use to easily manage your employee super payments. If you'd like to register for AMP eSuper, please call us on 1800 802 266.
- a solution by an outsourced payroll or other service provider that complies with SuperStream.

More information about SuperStream is available at ato.gov.au/Super/SuperStream.

You can check the SuperStream Certified Product register on the ATO website for details of payroll and other service providers who offer SuperStream solutions.

The Unique Superannuation Identifier (USI) for SignatureSuper is **AMP0195AU**.

AMP privacy statement

The privacy of your personal information is important to us.

The AMP Privacy Policy provides more information about how we manage and protect your personal information. It sets out how you can access and correct your information, how you may complain about a breach of privacy, and our process for resolving privacy-related enquiries and complaints.

For further information, please go to amp.com.au/privacy.

Need more information?

Please contact your financial adviser or call us on 131 267 if you have any questions.

This form has been left blank intentionally.

Please keep this information sheet for your records—
don't return it with your completed form(s).

Employer application form

! Please read the latest SignatureSuper product disclosure statement (PDS) and target market determination (TMD) before completing this form.

Use this form to become an employer sponsor of SignatureSuper, which is part of the AMP Super Fund. This allows you to create super accounts for your employees.

Please print in CAPITAL LETTERS and place a cross **X** in any applicable boxes.

1. Plan details

Plan name

Plan start date
D D M M Y Y Y Y

Note: The review date will be 30 June each year.

2. Employer/Business details

Employer name

Business name

Australian Business Number (ABN)

Address

Suburb State Postcode

Country

How many employees will be added at the start of this plan?

Business contact name

Position

Phone number Mobile number

Email address

3. Authorised employer contact

! At least **two** employer contacts must complete this section.

I/We authorise N.M. Superannuation Pty Ltd to accept the following employer contacts for the purpose of:
– advising any alterations to the plan, and/or
– confirming which members have become employees of the employer, and/or
– confirming which members have ceased to be employees of the employer.

Authorised employer contact 1

Title

Surname

Given name(s)

Phone number Mobile number

Email address

Authorised employer contact name 1

Authorised employer contact signature 1
X

Date
D D M M Y Y Y Y

3. Authorised employer contact continued

Authorised employer contact 2

Title

Surname

Given name(s)

Phone number

Mobile number

Email address

Authorised employer contact name 2

Authorised employer contact signature 2

X

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Authorised employer contact 3 (if applicable)

Title

Surname

Given name(s)

Phone number

Mobile number

Email address

Authorised employer contact name 3

Authorised employer contact signature 3

X

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

3. Authorised employer contact continued

Authorised employer contact 4 (if applicable)

Title

Surname

Given name(s)

Phone number

Mobile number

Email address

Authorised employer contact name 4

Authorised employer contact signature 4

X

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

4. Super contribution payment details

Choose **one** of the following payment methods to make contributions for your employees:

AMP eSuper

AMP eSuper is AMP's SuperStream solution. It's an online service that lets employers easily manage their employees' super payments.

 Call us on 1800 802 266 to register for AMP eSuper.

BPAY®

You can use BPAY under SuperStream if you:


- use a biller code for the contribution type.
- use a customer reference number for the member number.
- send the data through a method that complies with SuperStream.

Other SuperStream compliant method

(eg ADP Australia, cleaning house name etc.)

Date of first contribution

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Contact your service provider to confirm whether they're certified and comply with SuperStream. A list of approved service providers is available on the ATO website.

5. Investment option details

- Cross this box to acknowledge that the AMP MySuper Lifestages investment option will be the default investment option for this plan.
- Refer to the PDS for more information including fees that will apply.

6. Insurance details

- !** Employees will automatically be provided with 5 units of Lifestages cover for Death and TPD, and Income Protection insurance of up to 75% of their salary. You can also elect to include the Superannuation Contribution benefit, to help protect your employees' retirement balances.
- Refer to the PDS and the corporate insurance guide for more information.

It's a requirement under MySuper legislation for AMP to provide eligible members with Death and TPD cover. However, under reasonable conditions we don't need to provide your employees with insurance, eg where you've arranged insurance cover for them outside of AMP.

Do you have an existing employer plan with AMP?

- No
- Yes—please provide the plan name/s and number/s:

Plan name 1

Plan number 1

Plan name 2

Plan number 2

Plan name 3

Plan number 3

6. Insurance details continued

Insurance categories

Provide the details for one or more insurance categories below. If you have more than three categories in your plan, please use section 8. **Notes** to provide the details.

Category 1

Nominate a category name:

Have you arranged cover for this category outside of AMP?

- Yes No

Description of employees who will be eligible to join this category:

Insurance cover design:

- Default Death, TPD and IP cover
- No cover—provide details of the cover already in place for members in this category in section 8. **Notes**.

Superannuation Contribution benefit (optional for IP cover):

- Compulsory super guarantee contribution as at the time of your application.

- Nominated amount above the compulsory super guarantee contribution up to 15%.

Enter the percentage: %

- Not applicable

Category 2 (if applicable)

Nominate a category name:

Have you arranged cover for this category outside of AMP?

- Yes No

Description of employees who will be eligible to join this category:

Insurance cover design:

- Default Death, TPD and IP cover
- No cover—provide details of the cover already in place for members in this category in section 8. **Notes**.

Superannuation Contribution benefit (optional for IP cover):

- Compulsory super guarantee contribution as at the time of your application.

- Nominated amount above the compulsory super guarantee contribution up to 15%.

Enter the percentage: %

- Not applicable

6. Insurance details continued

Insurance categories continued

Category 3 (if applicable)

Nominate a category name:

Have you arranged cover for this category outside of AMP?

Yes No

Description of employees who will be eligible to join this category:

Insurance cover design:

- Default Death, TPD and IP cover
- No cover—provide details of the cover already in place for members in this category in section 8. Notes.

Superannuation Contribution benefit (optional for IP cover):

- Compulsory super guarantee contribution as at the time of your application.
- Nominated amount above the compulsory super guarantee contribution up to 15%.

Enter the percentage: %

- Not applicable

7. AMP servicing details

Adviser details (if applicable)

Adviser number

Adviser name

Phone number

Mobile number

Email address

Account manager (AM)/In-house account manager (IHAM) details

AM/IHAM name

Phone number

Mobile number

Email address

8. Notes


9. Acknowledgment and declaration

I/We agree and declare that:

- I/We have received and read the SignatureSuper PDS.
- I/We apply to become an employer sponsor of SignatureSuper, which is part of the AMP Super Fund.
- I/We understand that the AMP Super Fund is only available to persons receiving the PDS and associated guides within Australia.
- If my/our application is accepted by the trustee, I/we agree to be bound by the trust deed of the AMP Super Fund, as amended from time to time.
- To the best of my/our knowledge, information and belief, the information provided in this application is true and correct.
- For any employee I/we nominate to join this plan as a member, I/we won't make Superannuation Guarantee and award employer contributions in respect of this employee/s (including employer contributions to comply with an industrial agreement) that require employer super contributions to be paid to another super fund.
- I/We understand that the trustee has no duty to verify that the contributions made to my/our employees' accounts comply with the amounts either I/we (the employer), the employees (if applicable) or the employee's spouse (if applicable) have nominated.
- Where I/we are applying to become an employer sponsor of the AMP Super Fund with the assistance of a financial adviser, the financial adviser is authorised to use the information provided by me/us in this application and any other form relevant to the AMP Super Fund to complete and submit an electronic application on my/our behalf.
- I/We agree to make all reasonable efforts to assist the trustee to establish a policy committee for this plan (where required).
- I/We will regularly (at least quarterly) advise the administrator of the fund of new entrants and exits to the plan via SuperStream.
- I/We will remit contributions to the plan via SuperStream.
- When the Trustee accepts the authorised signatories in section 3. **Authorised employer signatories** of this form, the Trustee will act on instructions of the authorised signatories without making further enquiries.

9. Acknowledgment and declaration continued

- Neither the Trustee nor any of its related bodies corporate guarantees the repayment of capital or the investment performance of the plan or of the fund or of any investment options offered within the plan or the fund other than as specifically advised in writing to members.
- The Trustee has made no representation and accepts no responsibility for the appropriateness of this product in meeting the employer's obligations under the Super Guarantee legislation, the Modern Awards or other industrial award or agreement.
- I/We confirm that by law, I/we must forward an employee's Tax File Number (TFN) to the trustee within 14 days of receiving an employee's TFN declaration, or when I/we make the first payment to the super fund after receiving the TFN, whichever occurs last.
- I/We confirm that the nominated employee/s satisfies the contributions requirements for membership – refer to the PDS for details.
- I/We are aware that the plan's review date occurs on 30 June each year.


 To be signed by:

- two company directors, or
- one company director and the company secretary.

Note: Only one signatory is required where the authorised signatory is a sole director of a company.

Employer authorised signatory surname **1**

Employer authorised signatory given name/s **1**


Employer authorised signatory signature **1**


Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employer authorised signatory surname **2**

Employer authorised signatory given name/s **2**

Employer authorised signatory signature **2**


Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

10. Checklist

- Have all relevant sections of this form been completed?
- Have you selected the preferred payment method in section **4. Super contribution payment details**?
- Have you acknowledged that AMP MySuper Lifestages is the default investment option for this plan in section **5. Investment option details**?
- Have you provided the details of one or more insurance categories for your plan in section **6. Insurance details**?
- Have you read and understood section **9. Acknowledgement and declaration**?
- Have two company directors, or one company director and the company secretary signed and dated the form where indicated? **Note:** Only one signatory is required for a sole director of a company.

Where to send this form

Mail or email this completed form (and any attachments) to:

AMP Limited PO Box 300 PARRAMATTA NSW 2124 CorporateSuper@amp.com.au	Any questions? 131 267
---	----------------------------------

This page has been left blank intentionally.