
2 Voluntary contributions for fees/premiums to employee accounts (continued)

Employer selected Salary Continuance Insurance (SCI) cover insurance premiums²

Total amount of fee		
Up to a set \$ amount	\$	
Up to a set %		%

Investor selected Death only / Death and TPD cover insurance premiums

Total amount of fee		
Up to a set \$ amount	\$	
Up to a set %		%

Investor selected SCI cover insurance premiums

Total amount of fee		
Up to a set \$ amount	\$	
Up to a set %		%

Note: The fees/premiums are deducted from members' accounts. When you make voluntary contributions they are shown as 'Employer voluntary' on your employee's annual statements.

² For plan categories that do not have employer selected SCI cover, this premium rebate will also apply to members who have investor selected SCI cover.

3 Authorisation

I understand that the facility to pay fees and premiums results in the generation of an invoice to the FirstChoice Employer Super Clearing House after these fees/premiums have been deducted from employees accounts.

I understand I will be invoiced based on the percentage I chose, regardless of changes to the actual fees/premiums from time to time.

I understand that the Trustee³ will not change the percentage I chose in any invoice even if actual fees/premiums changes, unless I apply to the Trustee to change the percentage.

All employees who were part of the plan at month end will be included in this invoice.

I confirm that I am required to confirm and pay for any invoice generated via the FirstChoice Employer Super Clearing House in respect of voluntary contributions to my employees.

Note: The voluntary contributions you make will be taxable contributions (unless paying from the reserve) and will count towards concessional contribution caps for your employees.

Note: only existing authorised signatories* can sign this form. To amend authorised signatories, please contact Employer Services on 1300 654 666 for further requirements.

* An authorised signatory is a person authorised to operate the superannuation account and appointed by a senior representative of the company, e.g. Chief Executive Officer, General Manager, Director, and may be the person/s who initially signed the application form.

Signature

Date signed

Print name

3 The Trustee of FirstChoice Employer Super is Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL).

Return the completed form to:

Colonial First State

Reply Paid 27, Sydney NSW 2001

OR

employer@cfs.com.au from plan contact's registered email