

# FirstChoice Employer Super Pay Fees and Premiums Application Form



Please phone Employer Services on **1300 654 666** with any questions.

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross ☒. Start at the left of each answer space and leave a gap between words.

**SAVE FORM**

**PRINT FORM**

## 1 EMPLOYER DETAILS

Plan number

     

Employer name

**Note:** any selected voluntary contributions will apply to all your employees in your FirstChoice Employer Super plan.

## 2 BANK ACCOUNT DETAILS

**You can only nominate a bank account that is held in your name(s).** If you wish to nominate a bank account that is held in a different name(s), please complete the separate Direct Debit Request form. By providing your bank account details in this section, you authorise Colonial First State Investments Limited (CFSIL) to use these details for all future transaction requests that you nominate.

Please provide your account details in this section if you have requested us to debit or credit your bank account.

Name of Australian financial institution

Branch name

Branch number (BSB)

Account number

   -   
         

Account name

## 3 VOLUNTARY CONTRIBUTIONS FOR FEES/PREMIUMS TO EMPLOYEE ACCOUNTS

Please indicate the fees/premiums for which you would like to make voluntary contributions. Please select either the total amount, a set dollar amount or a set percentage to be paid. If you wish to nominate a set dollar amount or percentage, please indicate the amount or percentage in the space provided. Any voluntary contributions selected using this form will apply to all your employees in your FirstChoice Employer Super plan.

☐

**Dollar-based administration fee**

Total amount of fee

Up to a set \$ amount

\$

Up to a set %

%

☐

**Investment fee**

Up to a set \$ amount

\$

(you will also need to select a % below)

A set %<sup>1</sup>

%

<sup>1</sup> Note: you will be invoiced based on the percentage you choose, regardless of the actual investments fees that apply to your employees' accounts.

### 3 VOLUNTARY CONTRIBUTIONS FOR FEES/PREMIUMS TO EMPLOYEE ACCOUNTS (CONTINUED)

☐ **Employer selected Death cover insurance premiums**

Total amount of premium

Up to a set \$ amount

\$

Up to a set %

%

☐ **Employer selected Death and Total and Permanent Disablement (TPD) cover insurance premiums**

Total amount of premium

Up to a set \$ amount

\$

Up to a set %

%

☐ **Employer selected Salary Continuance Insurance (SCI) cover insurance premiums<sup>1</sup>**

Total amount of premium

Up to a set \$ amount

\$

Up to a set %

%

☐ **Investor selected Death cover insurance premiums**

Total amount of premium

Up to a set \$ amount

\$

Up to a set %

%

☐ **Investor selected Death and TPD cover insurance premiums**

Total amount of premium

Up to a set \$ amount

\$

Up to a set %

%

☐ **Investor selected SCI cover insurance premiums**

Total amount of premium

Up to a set \$ amount

\$

Up to a set %

%

\* If you hold a reserve account in FirstChoice Employer Super you may be able to use this reserve to pay for fees/premiums. The funds will be withdrawn in line with the investment strategy established for the reserve account.

**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.

<sup>1</sup> 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.

## 4 AUTHORISATION

I understand that the facility to pay fees and premiums results in the generation of an invoice to FirstNet Employer 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 Trustee<sup>1</sup> 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 FirstNet 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.**

### DIRECT DEBIT REQUEST AUTHORISATION

- I/We have read the 'Direct Debit Request Service Agreement' provided overleaf and agree with its terms and conditions.
- I/We request this arrangement to remain in force in accordance with details set out in the schedule and in compliance with the 'Direct Debit Request Service Agreement'.

Signature of authorised representative

Print name

  

Date signed

Please send the completed form to:

Colonial First State

Reply Paid 27, Sydney NSW 2001

or via the secure online system (e-post) with FirstNet Investor and FirstNet Adviser.

<sup>1</sup> The Trustee of FirstChoice Employer Super is Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL).

# Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Colonial First State Investments Limited, User ID 619909, ABN 98 002 348 352 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

## Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice sent to the preferred email or address you have given us. If you are unhappy with any changes we make, you may cancel your direct debit arrangement without fee or charge by providing us with written notice as outlined under the heading 'Your rights'.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We may disclose your direct debit and related account details at the request of your financial institution in connection with a claim made for an alleged incorrect or wrongful debit, or to the extent specifically required by law. Otherwise, we will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

## Your commitment to us

- It is your responsibility to check with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.

- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternative payment method if the drawing arrangements are stopped either by you or by the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid, such fees being equal to actual costs we incur.
- It is your responsibility to arrange with us a suitable alternate payment method if the drawing arrangements are stopped by either you or the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid.

## Your rights

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Employer Services on 1300 654 666. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Employer Services on 1300 654 666. Such notice should be received by us at least five business days prior to the due date for the next drawing. Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account. Alternatively you can contact your financial institution for assistance.

**Please phone Employer Services on 1300 654 666 with any enquiries or send an email to [employer@cfs.com.au](mailto:employer@cfs.com.au).**