

Employer Super

Application forms and
Employer Responsibilities Checklist



Issue No 2024/2, dated 16 November 2024

Colonial First State FirstChoice Employer Super USI FSF0361AU

FirstChoice Employer Super is offered from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL)

The CFS Clearing House is offered by Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (CFSIL)

Employer responsibilities checklist

As well as making your employee SG contributions to a MySuper product for default contributions, you are also responsible for keeping your employee details up-to-date. Incorrect information can result in a variety of issues for employees, including:

- being ineligible for insurance cover or having difficulties with insurance claims
- having SG contributions rejected
- not receiving mail – such as their statements
- paying higher tax, or
- paying higher insurance premiums.

The table below outlines some of the tasks which you should perform regularly, particularly when an employee has a pay rise, or has changed their address or their working hours.

Further information on your responsibilities is in the Reference Guide for Employers, available online at cfs.com.au/fcesinv or in the FirstNet Quick Reference Guide, which is available on FirstNet Employer.

Task	Action	More information on how to update
REGULAR UPDATES – MONTHLY		
Salaries	Your employees' salaries may impact their levels of insurance cover, so they must be updated when they change. Salaries should exclude SG contributions.	Refer to the FirstNet Quick Reference Guide
Contact details	If a member's contact details are incorrect and they are classified as lost (after we've sent their mail to the wrong address), their super may be sent to the ATO.	Refer to the FirstNet Quick Reference Guide
Employment categories	Each employment category may hold different insurance and fee structures. It is important to nominate employees to the correct employment category and ensure that their salary and other details are kept up-to-date.	Refer to the FirstNet Guide on FirstNet Employer
Occupational groups (collar ratings)	The collar rating is used to work out how much a member pays for their insurance and what benefits are paid to them at the time of an insurance claim.	See the Occupation rating guide located under 'Tools and Resources' and 'All Forms' tab at cfs.com.au/forms
Employment details	It is important to update an employee's employment details, eg casual, permanent, as well as their working hours, as this affects an eligible employee's SCI cover.	Refer to the FirstNet Guide on FirstNet Employer
ONGOING ADMINISTRATION		
Set up new employees	You can set up a new employee's super account on FirstNet by entering their details, including contact details, salary and collar rating.	Refer to the FirstNet Quick Reference Guide
Date of birth	It is important that you enter the correct date of birth, as this determines the Lifestage option your employee is placed in. It may also impact the level of insurance cover your employee receives and the premiums they pay.	Refer to the FirstNet Quick Reference Guide
Prepare and upload SG contributions	The SG legislation requires that you pay SG contributions at least quarterly by the due dates, to avoid paying the SG charge.	Refer to the Reference Guide for Employers for more information on 'How often should you contribute'
Remove a member when they cease employment	You will need to move an employee who has resigned to a retained benefits category. You will benefit from this, as your plan will continue to grow, and bigger plans mean bigger potential discounts on fees and costs for employee members.	Refer to the FirstNet Quick Reference Guide

Passing on your employees' Tax File Numbers (TFNs)

When your employee completes a TFN declaration, you must pass their TFN on to us if you make contributions for them to FirstChoice Employer Super. You need to do this within 14 days of receiving your employee's TFN declaration form.

If you don't pass on your employee's TFN, you are not meeting your obligations, and:

- you may be liable to pay a penalty
- we may have to deduct extra tax from your employee's contributions
- your employee won't be able to make personal contributions
- your employee may miss out on super co-contribution payments.

For employees who completed a TFN declaration prior to 1 July 2007, you are only required to pass on their TFN if they have indicated on the form that you can pass it on to us.

Application form checklist

Send your completed application form to:

Colonial First State, Reply Paid 27, Sydney NSW 2001

FirstChoice Employer Super Employer Application Form (refer to page A3)

To ensure that we are able to process your application quickly and efficiently, please check that you have completed the following steps:

Step 1	
Employer details	Provide the company's full name and address details.
Plan details	Provide your plan name, plan commencement date, number of permanent and casual employees and expected date of first contribution.
Payroll details	Provide details for at least one pay centre. This must include banking details. Please complete the direct debit request form on page A11 if you would like to make your employer contributions by direct debit.
Contact details	Provide details of the representatives to whom you will be giving full online access (via FirstNet) to all the plan and personal details of your employees. These people can authorise other people to have access to FirstNet (and will be contacted in the normal course of business).
Step 2	
Super fund design details – Complete section 5	
Category design	Provide category names and the approximate number of permanent and casual employees in each category. We recommend that you establish separate categories for casual and permanent employees. Please note: If insurance is applicable for the category, please ensure that eligibility for membership of that category is objective.
Step 3	
Insurance details and declaration and signature – Complete sections 6–7	
Insurance benefits	Nominate the insurance type, the insurance formula and occupational classifications for each category of employees (if applicable). Refer to the FirstChoice Employer Super Insurance booklet for further details. Please call Employer Services on 1300 654 666 if you have any questions.
Declaration and signature	Sign the declaration.
Step 4	
Identification and verification	
Australian company	If you are an employer that is an Australian company, you must complete the application form as instructed in Step 1 above in order for us to establish your identity.
Other entity types	If you are an employer that is not an Australian company (for example, a sole trader, a partnership or a trust), you or your adviser must complete the appropriate identification form, which can be obtained from our forms library at cfs.com.au/forms , so that we can establish your identity or the identity of other people associated with your account.
Plan contact(s)	The identification and verification form on page 1 will need to be completed so that we can establish the identity of your plan contact(s) for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws.

If you have more than 10 employees, please ensure that when you lodge your application, you include, in electronic format, the following information:

- a sample contribution file generated by your payroll system in CSV format
- basic employee details for the establishment of your plan; a standard HR Data Template is available from your adviser, your Colonial First State Relationship Manager or by calling our Employer Services Team on 1300 654 666.

If you have less than 10 employees, you can set these up online, once you have received your FirstNet Employer login details.

FirstChoice Employer Super Employer Application Form



16 November 2024

SAVE FORM

PRINT FORM

An interest in FirstChoice Employer Super will only be issued on receipt of this completed application form, issued together with the FirstChoice Employer Super Product Disclosure Statement dated 16 November 2024 and CFS Clearing House Product Disclosure Statement dated 22 May 2023.

By completing this Employer Application Form, you are entering into an arrangement with the Trustee of the Fund to make contributions to the Fund on behalf of your employees. As a consequence, you will become a 'standard employer sponsor' of the Fund, and your employees will not be required to complete an application form to become a member of the Fund. You should consider the FirstChoice Employer Super Product Disclosure Statement and CFS Clearing House Product Disclosure Statement, which accompanies this form, before completing this form.

Please phone Employer Services on 1300 654 666 with any enquiries.

Refer to page A2 for details on how to complete this form.

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

Fields marked with an asterisk (*) **must** be completed.

1 EMPLOYER DETAILS

GENERAL INFORMATION

Full name of employer or Australian company as registered by ASIC*

Full business name (if any)*

Associated employer's name (if applicable)*

ACN/ABN*

Tax File Number

In some circumstances, we may require additional information to establish the Employer Plan. We will contact you if this is the case.

Principal business activity/occupation*

Are you a charity?* Yes No

*Go to cfs.com.au/occupationandindustry for a list of occupations/industries/business activities

Registered office address (if any) – **PO Box is not acceptable***

Unit number Street number Street name

Suburb State Postcode

Country

Postal address (if different to above)

Unit number Street number PO Box Street name

Suburb State Postcode

Country

*Your main country of residence or country established, if not Australia

Please cross (X) this box to confirm that you will only add members where you have a superannuation obligation and this plan will meet the minimum balance requirements. Refer to page 1 of the FirstChoice Employer Super Employer Reference Guide.

2 PLAN DETAILS

Employer super plan name

Preferred plan commencement date

Number of permanent employees

Number of casual employees

Number of fixed term contractors

Generally, the first contribution will need to be received at least two weeks from the supply of all employee data and the sample payroll file.

Expected date of first contribution

3 PAYROLL DETAILS

If you group your employees for payroll purposes, you may wish to establish these groups as pay centres.

You must have at least one pay centre, and bank account details must be provided.

To complete the establishment of your plan, we require your bank account details for returning any surplus contributions. This will also give CFSIL authority if you have elected to use direct debit with FirstNet. By providing your bank account details, you authorise CFSIL to use the details for all future requests that you make.

PAY CENTRE 1

Pay centre name

ACN/ABN

Name of Australian financial institution

Branch name

Branch number (BSB)

Account number

Name of account holder

Email address

Is your pay centre administration outsourced?

Yes Please outline below

No

Company name

PAY CENTRE 2

Pay centre name

ACN/ABN

Name of Australian financial institution

Branch name

Branch number (BSB)

Account number

Name of account holder

Email address

Is your pay centre administration outsourced?

Yes Please outline below

No

Company name

4 CONTACT DETAILS

The first contact name that appears below will be the principal contact for all correspondence. All employer contacts will be given access to FirstNet. The contact(s) listed below will be set up as FirstChoice administrator(s) for your employer super plan and will have full access to the personal details of the members in the plan. The FirstChoice administrator(s) can also nominate and authorise other persons to have access to FirstNet. The identification and verification form on page 1 will need to be completed so that we can establish the identity of your plan contact(s) for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws. **FirstNet access is required to make contributions or administer the plan. The plan contact(s) will not be given access to FirstNet until they have been identified for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws.**

Fields marked with an asterisk (*) **must** be completed for the purposes of anti-money laundering laws.

CONTACT 1

Title	Work phone number*	OR	Mobile phone number*
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="text"/>		<input type="text"/>
Full given name(s)*	Email address (mandatory)		
<input type="text"/>	<input type="text"/>		
Surname*	Residential address (PO Box is not acceptable)*		
<input type="text"/>	Unit number <input type="text"/>	Street number <input type="text"/>	
Date of birth*	Street name <input type="text"/>		
<input type="text" value="dd/mm/yyyy"/>	Suburb <input type="text"/>	State <input type="text"/>	
Job title	Postcode <input type="text"/>	Country <input type="text"/>	
<input type="text"/>			

CONTACT 2

Title	Work phone number*	OR	Mobile phone number*
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="text"/>		<input type="text"/>
Full given name(s)*	Email address (mandatory)		
<input type="text"/>	<input type="text"/>		
Surname*	Residential address (PO Box is not acceptable)*		
<input type="text"/>	Unit number <input type="text"/>	Street number <input type="text"/>	
Date of birth*	Street name <input type="text"/>		
<input type="text" value="dd/mm/yyyy"/>	Suburb <input type="text"/>	State <input type="text"/>	
Job title	Postcode <input type="text"/>	Country <input type="text"/>	
<input type="text"/>			

5 CATEGORY DESIGN

Please indicate below the category name, the number of employees in each category and the eligibility criteria. We recommend you establish separate categories for casual and permanent employees.

CATEGORY 1 NAME

<input type="text"/>		
Number of permanent employees	Number of casual employees	Eligibility criteria (eg compulsory, management)
<input type="text"/>	<input type="text"/>	<input type="text"/>

CATEGORY 2 NAME

<input type="text"/>		
Number of permanent employees	Number of casual employees	Eligibility criteria (eg compulsory, management)
<input type="text"/>	<input type="text"/>	<input type="text"/>

CATEGORY 3 NAME

<input type="text"/>		
Number of permanent employees	Number of casual employees	Eligibility criteria (eg compulsory, management)
<input type="text"/>	<input type="text"/>	<input type="text"/>

6 INSURANCE BENEFITS

Please nominate below, by crossing (X) in the appropriate box, the employer selected insurance cover that will apply to each category nominated under **section 5**.

	Category 1	Category 2	Category 3
Death and TPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death only ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary Continuance Insurance (SCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEATH AND TPD FORMULA

Please nominate the Death and TPD formula that will apply for each category and figure:

MySuper Default (subject to allowable exceptions), or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% of salary for each year of service remaining to age 65, or	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fixed dollar premium per week	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SALARY CONTINUANCE FORMULA

The Salary Continuance formula is up to 90% of salary (including up to 15% for superannuation contributions), with a maximum benefit of \$25,000 per month. Please indicate the total percentage and benefit period required.

	Category 1	Category 2	Category 3
Benefit period	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years
Waiting period 30 days, or	Maximum 75% <input type="text"/> %	<input type="text"/> %	<input type="text"/> %
60 days, or	Maximum 75% <input type="text"/> %	<input type="text"/> %	<input type="text"/> %
90 days	Maximum 75% <input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Superannuation contribution component of SCI benefit	Maximum 15% <input type="text"/> %	<input type="text"/> %	<input type="text"/> %

OCCUPATION CLASSIFICATION

Please indicate the percentage of each category that meets the occupation classification detailed in the FirstChoice Employer Super Insurance booklet (there may be more than one classification for each category).

	Category 1	Category 2	Category 3
Professional	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
White collar	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Light blue collar	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Medium blue collar	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Heavy blue collar	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Heavy blue collar – Death only	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Total	100 %	100 %	100 %

¹ If you select Death only cover, eligible employees will also receive MySuper minimum TPD cover.

7 DECLARATION AND SIGNATURE

I acknowledge that if my application is accepted, I will be subject to the terms of the trust deed.

I declare and agree that:

- The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare, social security) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 1300 654 666. You can find more information about the Document Verification Service at www.dvs.gov.au.
- I have received, read, and understood the FirstChoice Employer Super PDS, the CFS Clearing House PDS (together the PDSs), and the FirstChoice Employer Super Employer and Member Reference Guides. I acknowledge that I have access to all statements and information that are incorporated by reference, together referred to below as 'the PDSs', and have accepted the offer in Australia. I understand that the PDS is an important document that I should consider before completing this form
- if I have received the PDSs electronically, that I received it personally or a printout of it, accompanied by or attached to this application form
- neither AIL, CFSIL, nor other CFS entities offered benefits or incentives that were conditional on the making of this application

- the information I have given in my application is true and correct
- there are no other group life arrangements in place for my employees other than those of which I have advised AIL
- I have observed and will continue to observe the Employer responsibilities checklist
- I will notify AIL and/or CFSIL within 30 days after termination of any of my employees
- by making an application with AIL and CFSIL, I give my consent to the collection, use and disclosure of personal information as set out in the current PDSs and CFS's Privacy Policy available at cfs.com.au/privacy

I acknowledge that:

- investments in FirstChoice Employer Super are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested
- the investment performance and the repayment of capital of ALL products is not guaranteed.

Investments in FirstChoice Employer Super USI FSF0361AU (referred to as 'FirstChoice Employer Super', 'FirstChoice' or 'the fund') are offered from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531!

Direct Debit Request Authorisation

- I authorise Colonial First State Investments Limited (User ID 619909) to arrange for funds to be debited from my account at the financial institution identified in **section 3** above and in accordance with the Bulk Electronic Clearing System (BECS).
- I have read the 'Direct Debit Request Service Agreement' provided in this application form (page A12) and agree with its terms and conditions.
- I request this arrangement to remain in force in accordance with details set out in **section 3** and in compliance with the 'Direct Debit Request Service Agreement'.

INSURANCE DUTY TO TAKE REASONABLE CARE²

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

1 Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (Trustee), is the Trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (Fund).

2 'We', 'us' and 'our' in this section are referring to the Insurer.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has **any impact on the cover**.

7 DECLARATION AND SIGNATURE (CONTINUED)

Original authorised signature 1

Print name

Job title

Date signed

Original authorised signature 2

Print name

Job title

Date signed

ADVISER USE ONLY

Adviser name

Contact phone number

Dealer ID

Adviser ID

Dealer/Adviser stamp (If applicable)

By providing your (adviser) details, you certify that you are appropriately authorised to provide financial services in relation to this product.

ADVISER DECLARATION

I confirm that I have taken into consideration the demographics of the members of the plan (including age profile and predicted average length of membership until retirement, occupations and the nature of employment, eg permanent/casual) in advising the employer of this plan.

I certify that I am appropriately authorised and have the employer's consent to provide financial services in relation to this plan in FirstChoice Employer Super.

I further certify that the benefit design was recommended in the interests of members, and not the interests of any other party(ies).

Signature

OR

I confirm that the employer has made all decisions regarding the plan's benefit design without my advice.

Signature

COLONIAL FIRST STATE USE ONLY

BDM name

RM name

Please send the completed form to:
Colonial First State
Reply Paid 27, Sydney NSW 2001

Identification and Verification Form – plan contact

Full name of plan contact

This form will need to be completed so that we can establish the identity of the plan contact(s) (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) laws). If there is more than one plan contact, please attach a separate identification and verification form for each additional plan contact.

If a financial adviser is setting up the employer plan, they will undertake the identification and verification of the plan contact by completing sections 1 to 2 of this form or by using other industry standard forms.

Otherwise, please complete section 1 of this form and provide certified copies of the ID documents (do not send original documents) for the plan contact.

The list of the parties who can certify copies of the documents is set out below. To be correctly certified, the ID documents need to be clearly noted 'True copy of the original document'. The party certifying the ID documents will also need to state what position they hold and sign and date the certified documents. If this certification does not appear, you may be asked to send in new certified documents.

List of persons who can certify documents¹ (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws):

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

SECTION 1: VERIFICATION PROCEDURE

Complete Part 1 (or if the individual does not own a document from Part 1, then complete either Part 2 or Part 3).

Part 1 Acceptable primary photographic ID documents

Cross Select ONE valid option from this section only

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Australian State/Territory driver's licence containing a photograph of the person |
| <input type="checkbox"/> | Australian passport (a passport that has expired within the preceding two years is acceptable) |
| <input type="checkbox"/> | Card issued under a State or Territory for the purposes of proving a person's age containing a photograph of the person |
| <input type="checkbox"/> | Foreign passport or similar travel document containing a photograph and the signature of the person ² |

Continued over the page ...

¹ There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at cfs.com.au/forms

² Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

Part 2 Acceptable secondary ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Services Australia

Cross AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A Notice of Assessment issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address (*Block out the TFN before scanning, copying or storing this document*)
- A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school

Part 3 Acceptable foreign photographic ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section only

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth¹
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued¹

FINANCIAL ADVISER USE ONLY

IMPORTANT NOTE:

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of verification procedure section below and DO NOT attach copies of the ID documents.

SECTION 2: RECORD OF VERIFICATION PROCEDURE

ID document details	Document 1	Document 2 (if required)
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
Expiry date	<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

IDENTIFICATION AND VERIFICATION CONDUCTED BY:

By completing and signing this Record of Verification Procedure, I declare that I have verified the identity of the customer plan contacts as required by AML/CTF laws, in the capacity of an AFSL holder or an authorised representative of an AFSL holder.

AFSL name

AFSL number

Representative/Employee name

Phone number

Signature

Date verification completed

 (dd/mm/yyyy)

¹ Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

FirstChoice Employer Super Direct Debit Request Form



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

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

To be completed if the authorised signatories signing the application form are not signatories on the account from which funds will be debited.

1 FIRSTCHOICE PLAN DETAILS

Please provide your employer plan name here:

Employer super plan name

EMPLOYER DETAILS

Employer's name

Contact details

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

2 ACCOUNT HOLDER OR THIRD PARTY

I/We authorise and request Colonial First State Investments Limited (User ID 619909), until further notice in writing, to arrange for funds to be debited from my/our account at the financial institution identified as described in the schedule below, any amounts which CFSIL may debit or charge me/us through the Direct Debit System and in accordance with the Bulk Electronic Clearing System (BECS).

Note: Third party bank accounts cannot be used for transacting online without authorisation and signatures from all account holders.

THE SCHEDULE (ACCOUNT TO BE DEBITED)

Name of Australian financial institution

Branch name or address

Branch number (BSB)

-

Account number

Name of account holder

2 ACCOUNT HOLDER OR THIRD PARTY (CONTINUED)

DIRECT DEBIT REQUEST AUTHORISATION

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the issuer of pension and superannuation products from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557. Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL) is the issuer of the CFS Clearing House.

- The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare, social security) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 1300 654 666. You can find more information about the Document Verification Service at www.dvs.gov.au.
- I/We have read the 'Direct Debit Request Service Agreement' provided below 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'.

Original signature of bank account holder or company officer

Print name

Date signed

Original signature of bank account holder

Print name

Date signed

Please mail the ORIGINAL form to: Colonial First State, Reply Paid 27, Sydney NSW 2001

Faxed copies **cannot** be accepted.

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

Please phone Employer Services on 1300 654 666 with any enquiries or send an email to employer@cfs.com.au

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.

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.

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Scan the QR code with your mobile device for an interactive PDF of the enclosed FirstChoice Employer Super application form

An interest in FirstChoice Employer Super will only be issued on receipt of a completed application form, issued together with the PDS dated 30 June 2024. Refer to pages A1 to A2 for instructions on how to complete this form.

