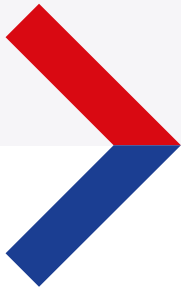


# Employer Super

Application forms and Employer  
Responsibilities Checklist



**Issue No. 2025/1, dated 21 March 2025**

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 FirstChoice Employer Super Clearing House is offered by SuperChoice Services Pty Ltd (ABN 78 109 509 739) Authorised Representative Number (336522) of PayClear Services Pty Limited (ABN 93 124 852 320) holder of Australian Financial Services Licence Number 314357.

SuperChoice is the provider of the clearing house facility known as the FirstChoice Employer Super Clearing House.

The clearing house facility is a non-cash payment facility and is made available to eligible employer sponsors of FirstChoice Employer Super, which is a superannuation product issued by Avanteos Investments Limited (ABN 20 096 259 979) as trustee of the Colonial First State FirstChoice Superannuation Trust (ABN 26 458 298 557).

Employers can use the FirstChoice Employer Super Clearing House to make contributions, and associated payments, and member registration submissions to superannuation funds.

## 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 at [cfs.com.au/pds](https://cfs.com.au/pds)

Task	Action	More information on how to update
<b>Regular updates – monthly</b>		
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 FirstChoice Employer Super Clearing House User 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 FirstChoice Employer Super Clearing House User 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 FirstChoice Employer Super Clearing House User Guide
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 <a href="https://cfs.com.au/forms">cfs.com.au/forms</a>
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 SCl cover.	Refer to the FirstChoice Employer Super Clearing House User Guide
<b>Ongoing administration</b>		
Set up new employees	You can set up a new employee's super account using your clearing house service by entering their details, including contact details, salary and collar rating.	Refer to the FirstChoice Employer Super Clearing House User 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 FirstChoice Employer Super Clearing House User 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 Reference Guide for Employers

## 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 – Complete sections 1–4
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 <b>at least</b> one pay centre. This must include banking details. Please complete the direct debit request form on page A9 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 the FirstChoice Employer Super Clearing House) to all the plan and personal details of your employees. These people can authorise other people to have access to the FirstChoice Employer Super Clearing House (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.  <b>Please note:</b> 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
Australian company		If you are an employer that is an Australian company, you <b>must</b> 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 <b>not</b> an Australian company (for example, a sole trader, a partnership or a trust), you or your adviser <b>must</b> complete the appropriate identification form, which can be obtained from our forms library at <a href="https://cfs.com.au/forms">cfs.com.au/forms</a> , so that we can establish your identity or the identity of other people associated with your account.

You can set up your employees online, once you have received your FirstChoice Employer Super Clearing House login details.

# FirstChoice Employer Super

## Employer Application Form

21 March 2025

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 the FirstChoice Employer Super Clearing House Product Disclosure Statement dated 1 February 2025.

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 the FirstChoice Employer Super 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.

This is an interactive form, intended to be completed digitally. If you choose fill out the form by hand, use black ink and print well within the boxes in CAPITAL LETTERS. 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](https://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

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

I confirm that I will only add members where I have a superannuation obligation and this plan will meet the minimum balance requirements (as detailed on page 1 of the FirstChoice Employer Reference Guide).



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## 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

Employer will be set up on the FirstChoice Employer Clearing House using your Paycentre name and ABN. You should align your group of employees to the Paycentre name and ABN where the salary and super is paid from. These details will be used for superannuation reporting to the ATO.

**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. If you would like to set up a direct debit facility for your employer contributions, please complete the direct debit authority form below.

### Pay centre 1

Pay centre name

ACN/ABN

Name of Australian financial institution

Branch name

Branch number (BSB)

Account number

Name of account holder

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

Is your pay centre administration outsourced?

Yes (Please outline below)

No

Company name

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## 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 FirstChoice Employer Super Clearing House. 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 FirstChoice Employer Super Clearing House. These other persons will have online access only and will not be able to contact Avanteos Investments Limited (AIL) directly.

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

### Primary contact

Title

First name\*

Surname\*

Job title\*

Work Phone\*

Mobile phone\*

Email address\*

### Secondary contact

Title

First name\*

Surname\*

Job title\*

Work Phone\*

Mobile phone\*

Email address\*

## 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

Number of permanent employees

Number of casual employees

Eligibility criteria (e.g. compulsory, management)

### Category 2

Name

Number of permanent employees

Number of casual employees

Eligibility criteria (e.g. compulsory, management)

### Category 3

Name

Number of permanent employees

Number of casual employees

Eligibility criteria (e.g. compulsory, management)

## 6 Insurance benefits

Please nominate below, by selecting 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			
Death only <sup>1</sup>			
Salary Continuance Insurance (SCI)			
<b>Death and TPD formula</b>			
Please nominate the Death and TPD formula that will apply for each category and figure:			
MySuper Default (subject to allowable exceptions), or			
% of salary for each year of service remaining to age 65, or	%	%	%
Fixed dollar premium per week	\$	\$	\$
<b>Salary Continuance formula</b>			
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.			
Benefit period (2 years)			
Waiting period: 30 days, or	Maximum 75%	%	%
60 days, or	Maximum 75%	%	%
90 days	Maximum 75%	%	%
Superannuation contribution component of SCI benefit	Maximum 15%	%	%
<b>Occupation classification</b>			
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).			
Professional	%	%	%
White collar	%	%	%
Light blue collar	%	%	%
Medium blue collar	%	%	%
Heavy blue collar	%	%	%
Heavy blue collar – Death only	%	%	%
<b>Total (must equal 100%)</b>	%	%	%

<sup>1</sup> If you select Death only cover, eligible employees will also receive MySuper minimum TPD cover. See the PDS for more information on the amount of TPD cover that will apply.

## 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:

- I have received, read, and understood the FirstChoice Employer Super PDS, FirstChoice Employer Super Clearing House PDS 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 PDS', 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 PDS 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 have read the Duty to take reasonable care section of this form below
- 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](https://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 AIL 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.<sup>1</sup>

### Insurance duty to take reasonable care<sup>2</sup>

#### 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.

#### 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**.

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.



## 7 Declaration and signature (continued)

### Original authorised signature 1

Signature

Date signed

Print name

Job title

### Original authorised signature 2

Signature

Date signed

Print name

Job title

#### Adviser use only

Adviser name

Dealer/Adviser stamp (if applicable)

Phone number

Dealer ID

Adviser ID

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, e.g. 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).

#### 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

#### Return the completed form to:

Colonial First State  
Reply Paid 27, Sydney NSW 2001

# Employer controlled direct debit service agreement

PayClear Services Pty Limited (ABN 93 124 852 320) ("PayClear")

This agreement should be read in conjunction with the First Choice Employer Clearing House Combined Financial Service Guide and Product Disclosure Statement dated 1 February 2025 (**FCE Clearing House FSG PDS**), which you can find at [cfs.com.au/personal/tools-resources/tools-calculators/product-disclosure-statements/fces.html](https://cfs.com.au/personal/tools-resources/tools-calculators/product-disclosure-statements/fces.html)

The FCE Clearing House FSG PDS is prepared and provided by SuperChoice as Authorised Representative 336532 of PayClear Services Pty Limited ACN 124 852 320 (PayClear) holder of Australian Financial Services Licence Number 314357. It provides that SuperChoice may agree that superannuation contributions be made using Employer-Initiated Direct Debit.

Employer controlled Direct Debit is a simple option to pay your superannuation contribution payments through the Clearing House facility of PayClear Services Pty Limited (Australian Financial Services Licence 314357 and Direct Debit User ID 481471).

Before choosing this option, you should check with your financial institution to ensure that the Direct Debit facility is an available feature of your nominated account. If you elect to pay by Employer controlled Direct Debit, you are required to register for the Clearing House facility, provide pertinent information and accept your agreement to the following terms.

## Authorisation to: PayClear Services Pty Limited (User ID 481471) ABN 93 124 852 320

Effective immediately, PayClear is authorised, upon receipt of a payment instruction from time to time, to debit an amount equal to the total of the payment instruction from the nominated financial institution account specified here and confirmed in the registration details supplied by the applicant.

## A Direct Debit Account details

Pay centre	Company Name	ABN
Financial institution account name	BSB	Account number

Pay centre	Company Name	ABN
Financial institution account name	BSB	Account number

Pay centre	Company Name	ABN
Financial institution account name	BSB	Account number

## B Terms

You and PayClear agree:

### 1 Drawing arrangements:

- 1.1 PayClear will debit your nominated financial institution account with the exact amount specified in the superannuation contributions payment instruction, but only after receipt of that instruction.
- 1.2 If the payment is authorised on or before 4:00 pm AEST on a given Banking Day (i.e. any day that the Bulk Electronic Clearing System (BECS) is operating), the payment will be drawn from your account on that day. If a payment is authorised after 4:00 pm AEST or on a non-Banking Day, the payment will be drawn on the next Banking Day.
- 1.3 If you incorrectly dispute an authorised payment we make, and you are incorrectly reimbursed, we will deduct your nominated account for the incorrectly disputed amount.

- 
- 1.4 PayClear may vary any details of this Direct Debit Service Agreement at any time by giving you at least fourteen (14) days' notice.
  - 1.5 PayClear may cancel this Employer controlled Direct Debit Service Agreement if two or more drawings are returned unpaid by your nominated financial institution and PayClear may then seek to arrange an alternate payment method.
  - 1.6 PayClear will keep private and confidential all information pertaining to your nominated financial institution account(s).

## 2 Your rights and responsibilities:

- 2.1 It is your responsibility to ensure that the authorisation given to draw on the nominated account(s) is identical to the account signing instruction provided to the financial institution where each account is held. You should check the account details are correct by checking them against a recent account statement.
- 2.2 You must ensure that your financial institution account(s) remains open and has sufficient funds to cover the contribution payment including any transaction fees.
- 2.3 You should check your account statement to verify that the amounts debited from your account are correct.
- 2.4 It is your responsibility to advise us if your nominated account(s) is closed.
- 2.5 It is your responsibility to arrange a suitable alternative payment method before you cancel your direct debit authorisation. You may do so by contacting PayClear on 1300 659 456 or by writing to PayClear at Suite 4.02, Level 4, 45 Clarence Street, Sydney NSW 2000, or through your nominated financial institution.
- 2.6 You may stop payment of a drawing by contacting PayClear on 1300 659 456 or by writing to PayClear Suite 4.02, Level 4, 45 Clarence Street, Sydney NSW 2000, or through your nominated financial institution. You must contact us prior to 3.00 pm Sydney time on the day we receive the payment instruction.
- 2.7 If you believe that a drawing has been made incorrectly or contrary to authority or a payment instruction, you may take the matter up directly with PayClear, or lodge a Direct Debit Claim through your nominated financial institution.

## C Authorisation

TO: PayClear Services Pty Limited (User ID 481471) ABN 93 124 852 320 (**PayClear**)

I / we declare that all the information provided is correct and that I / we are authorised in respect of each bank account listed in accordance with the account signing instruction provided to the financial institution where each account is held.

Effective immediately, I / we authorise PayClear as the payment services provider to arrange for funds to be debited from the account(s) specified above in the amounts specified in the superannuation contributions payment details that are submitted and authorised in the Site.

(Note that if the account/s require two signatures, then both signatures are required here)

Authorised Signature

Additional authorised signature (if required)

Name as recorded for nominated account

Name as recorded for nominated account

Date

Date

(If more than two signatures are required, please use the additional signing boxes)

Additional authorised signature (if required)

Additional authorised signature (if required)

Name as recorded for nominated account

Name as recorded for nominated account

Date

Date



**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 16 November 2024 . Refer to pages A1 to A2 for instructions on how to complete this form.

