FirstChoice Employer Super
Change of Plan Details

This form should be used to inform Colonial First State of any changes to your Employer Plan.

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.

Phone Employer Services on **1300 654 666** if you have any enquiries.

Part A – Employer details

1 General information

Plan number

Plan name

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

Full business name (if any)*

Associated employer's name (if applicable)*

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

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

☐ Update our ACN or ABN

B8BOLA

2 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 Mr ○ Mrs ○ Miss ○ Ms ○ Other

Full given name(s)*

Surname*

Date of birth*

Job title

Work phone number* OR Mobile phone number*

Email address*

Secondary Contact

Title Mr ○ Mrs ○ Miss ○ Ms ○ Other

Full given name(s)*

Surname*

Date of birth*

Job title

Work phone number* OR Mobile phone number*

Email address*

3 Payroll details

We require your bank account details for the FirstChoice Employer Super Clearing House to return 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. You must have at least one pay centre.

Pay centre

☐ **Additional** – advise which pay centre (e.g. 'Pay centre 1')

Pay centre name ABN

Name of Australian financial institution

Branch name or address

Branch number (BSB) Account number

Account name

☐ **Additional** – advise which pay centre (e.g. 'Pay centre 1')

Pay centre name ABN

Name of Australian financial institution

Branch name or address

Branch number (BSB) Account number

Account name

☐ **Remove** – advise which pay centre (e.g. 'Pay centre 1')

Pay centre name ABN

Note: Your access to the employees under this pay centre will be removed. Please move members to another pay centre if required.

☐ **Remove** – advise which pay centre (e.g. 'Pay centre 1')

Pay centre name ABN

Note: Your access to the employees under this pay centre will be removed. Please move members to another pay centre if required.

Part B – Amend current category design

Note: Any changes to your insurance benefit details or fees may be communicated to affected members in these categories and in some cases members must be given 30 days notice of the change. Please call Employer Services on 1300 654 666 for further details.

4 Category design

Please indicate below changes to category name(s) or the eligibility criteria.

Category number ☐ ☐ Change ☐ Remove ☐ Add

Category name

Eligibility criteria

(e.g. compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (e.g. eligibility for a category must not be at the discretion of an employee).

Effective date

Category number ◯ ◯ Change ◯ Remove ◯ Add

Category name

Eligibility criteria

(e.g. compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (e.g. eligibility for a category must not be at the discretion of an employee).

Effective date

Category number ☐ ☐ Change ☐ Remove ☐ Add

Category name

Eligibility criteria

(e.g. compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (e.g. eligibility for a category must not be at the discretion of an employee).

Effective date

5 Insurance benefits

If you wish to add or change insurance on your plan, please nominate the commencement date for this change to employer selected cover.

Date

Please nominate below, by selecting the appropriate box the standard insurance cover that will apply to each category nominated.

			Category	Category	Category
Death and TPD			☐	☐	☐
Death only[1]			☐	☐	☐
Salary Continuance Insurance (SCI)			☐	☐	☐
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			☐	☐	☐
% of salary for each year of service remaining to age 65, or			%	%	%
Fixed dollar premium per week, or			$	$	$
Fixed dollar amount of cover (only available to existing plans who currently have this formula and would like to change it), or			$	$	$
Multiple of salary (only available to existing plans who currently have this formula and would like to change it)					
Salary Continuance formula					
The Salary Continuance formula is up to 90% of salary (including up to 15% allowance 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, or		☐	☐	☐
	5 years (only available to existing plans who currently have this formula and would like to change it), or		☐	☐	☐
	age 65 (only available to existing plans who currently have this formula and would like to change it)		☐	☐	☐
Waiting period:	30 days, or	Maximum 75%	%	%	%
	60 days, or	Maximum 75%	%	%	%
	90 days	Maximum 75%	%	%	%
Superannuation contribution component of SCI benefit		Maximum 15%	%	%	%
Occupation classification					
Specify 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			%	%	%
Total (must equal 100%)			**0.00** %	**0.00** %	**0.00** %

For details of occupation classifications please refer to the Insurance booklet at cfs.com.au/personal/tools-resources/tools-calculators/product-disclosure-statements/fces.html

1 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.

Part C – Add new category

6 Category design

Please indicate below any other category you wish to add.

Note: You must clearly define the eligibility criteria for each category of membership e.g. a member may become eligible to join category 1 immediately upon commencing employment or category 2 after serving a minimum service period with the employer. The name of each category should reflect the type of members in that category e.g. the name of the category may be a position description such as management, office, staff etc. This provides you with the flexibility to tailor the benefits you provide to your employees.

Category number | Category name

Number of employees | Category start date

Eligibility criteria

(e.g. compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (e.g. eligibility for a category must not be at the discretion of an employee).

Category number | Category name

Number of employees | Category start date

Eligibility criteria

(e.g. compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (e.g. eligibility for a category must not be at the discretion of an employee).

Category number | Category name

Number of employees | Category start date

Eligibility criteria

(e.g. compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (e.g. eligibility for a category must not be at the discretion of an employee).

7 Insurance benefits

If you wish to add insurance to the new category(ies) on your plan, please nominate the commencement date for the employer selected cover.

Date

Please nominate below, by selecting the appropriate box, the standard insurance cover that will apply to each category nominated

			Category	Category	Category
Death and TPD			☐	☐	☐
Death only[1]			☐	☐	☐
Salary Continuance Insurance (SCI)			☐	☐	☐
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			☐	☐	☐
% of salary for each year of service remaining to age 65, or			%	%	%
Fixed dollar premium per week			$	$	$
Salary Continuance formula					
The Salary Continuance formula is up to 90% of salary (including up to 15% allowance 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		☐	☐	☐
	5 years (only available to existing plans who currently have this formula and would like to change it), or				
	age 65 (only available to existing plans who currently have this formula and would like to change it)				
Waiting period:	30 days, or	Maximum 75%	%	%	%
	60 days, or	Maximum 75%	%	%	%
	90 days	Maximum 75%	%	%	%
Superannuation contribution component of SCI benefit		Maximum 15%	%	%	%
Occupation classification					
Specify 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			%	%	%
Total (must equal 100%)			**0.00** %	**0.00** %	**0.00** %

For details of occupation classifications please refer to the Insurance booklet at cfs.com.au/personal/tools-resources/tools-calculators/product-disclosure-statements/fces.html

1 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.

Part D – Declaration

8 Declaration and signature

Insurance duty to take reasonable care[1]

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

Declaration

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 (CFS) is Superannuation and Investments HoldCo Pty Limited ABN 64 644 660 882 and its subsidiaries which include AIL and CFSIL.

Investments in Colonial First State FirstChoice Employer Super USI FSF0361AU (referred to as 'FirstChoice Employer Super', 'FirstChoice' or 'the fund') are offered from Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by AIL.

I/we declare that:

- I have received and read the FirstChoice Employer Super PDS and I acknowledge I have access to all statements and information that are incorporated by reference, together referred to below as 'the PDS'
- I have read the Duty to take reasonable care section of this form
- for each option in which I am invested:
  - I acknowledge I am bound by the relevant trust deed's provisions (including consents, acknowledgements and declarations), terms and conditions contained in and related to a right, power, authority, discretion or obligation in the relevant trust deed (as amended from time to time)
  - I am bound as a separate commitment by the relevant product provider's provisions (including consents, acknowledgements and declarations), terms and conditions in the PDS,

  and I acknowledge those documents are amended from time to time and I am bound by those changes, including any changes to the PDS between the date of signing my application and the date I first become a member of FirstChoice Employer Super
- all details in this form are true and correct
- I/we release and indemnify AIL against any liabilities whatsoever arising out of AIL acting on any communications received by phone, fax, or other electronic means including without limitation transactions effected through the internet in respect of my/our investments
- AIL and/or its related entities will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, or frozen where your transaction may cause us or you to breach any Australian laws or the laws of another country.

Please note: only existing authorised signatories[1] can sign this form. To amend authorised signatories, please contact Employer Services on 1300 654 666 for further requirements.

Authorised signatory 1

Signature		Date signed	
Print name			
Job title			

Authorised signatory 2

Signature		Date signed	
Print name			
Job title			

1 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.

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
GPO Box 3956, Sydney NSW 2001

OR

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

Save form

Print form

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

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

Name as recorded for nominated account

Date

Additional authorised signature (if required)

Name as recorded for nominated account

Date

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

Additional authorised signature (if required)

Name as recorded for nominated account

Date

Additional authorised signature (if required)

Name as recorded for nominated account

Date