FirstChoice Employer Super
Pay Fees and Premiums Application Form

Phone Employer Services on **1300 654 666** with any questions.

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.

1 Employer details

Plan number

Employer name

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

☐ New ☐ Update ☐ Cancel

Note if new: The Fees and Premiums invoice will be created as a contribution file in the FirstChoice Super Clearing House for your review and payment.

2 Voluntary contributions for fees/premiums to employee accounts

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

☐ **Dollar-based administration fee**

Total amount of fee ☐

Up to a set $ amount $

Up to a set % %

☐ **Investment fee**

Up to a set $ amount $ (you will also need to select a % below)

A set %[1] %

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

Total amount of fee ☐

Up to a set $ amount $

Up to a set % %

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

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

☐ **Employer selected Salary Continuance Insurance (SCI) cover insurance premiums**[2]

Total amount of fee ☐

Up to a set $ amount $ ☐

Up to a set % ☐ %

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

Total amount of fee ☐

Up to a set $ amount $ ☐

Up to a set % ☐ %

☐ **Investor selected SCI cover insurance premiums**

Total amount of fee ☐

Up to a set $ amount $ ☐

Up to a set % ☐ %

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

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

3 Authorisation

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

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

I understand that the Trustee[3] will not change the percentage I chose in any invoice even if actual fees/premiums changes, unless I apply to the Trustee to change the percentage.

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

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

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

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

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

Signature

Date signed

Print name

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

Return the completed form to:

Colonial First State
GPO Box 3956, Sydney NSW 2001

OR

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

Save form Print form

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the issuer of interests in FirstChoice Employer Super from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557. Product Disclosure Statements (PDS) and Financial Services Guide (FSG) are available from cfs.com.au or by calling 1300 654 666. You should read the relevant PDS and FSG to assess whether the information is appropriate for you and consider talking to a financial adviser before making an investment decision. The investments are subject to investment and other risks, including possible delays in repayment and loss of earnings. 31142/FS8532/1125