

FirstChoice Employer Super Application Form

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1 June 2026

Employer Application – Simple Form (for employers with less than 10 employees)

This form is for employers with fewer than 10 employees who wish to nominate FirstChoice Employer Super as their default fund which will provide MySuper default death and Total and Permanent Disablement (TPD) cover for all eligible employees who join the fund.

If you require a tailored insurance design, you will need to complete the [FirstChoice Employer Super – Employer Application \(Tailored Form\)](#).

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

This is an interactive form, intended to be completed digitally.

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

How to return your form

Send your completed application form to employer@cfs.com.au

Step 1 Employer details

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

ABN*

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

Post code

Country

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

How many employees do you currently employ?

Number of employees joining the super plan*

Payroll details

These details will be used for superannuation reporting to the ATO.

You will also need to provide your bank account details for returning any surplus contributions.

Pay centre name*

Employer name*

ABN*

Branch number (BSB)*

Account number*

Name of account holder*

If you require an additional pay centre to be established, please call us on 1300 654 666.

Contact details

The contact(s) listed below will be set up as administrators for the FirstChoice Employer Super Clearing House. They will have full access to member personal details and can add and approve other users. Additional users will have online access only and won't be able to contact us directly.

Primary contact

This person will be the principal contact for all correspondence.

Title*

First name*

Surname*

Job title*

Work phone*

Mobile phone*

Email address*

Secondary contact (optional)

Title*

First name*

Surname*

Job title*

Work phone*

Mobile phone*

Email address*

How did you hear about us?

Online search

Advertising or marketing

Social media

Payroll or
accounting platform

Employment platform
(e.g. HR or onboarding platform)

Existing relationship with CFS
(e.g. other CFS products)

Financial adviser

Accountant or bookkeeper

Referral

Other (please specify)

Step 2 Plan insurance details

Under superannuation law, we are required to provide eligible employee members with a minimum level of death and Total and Permanent Disablement (TPD) cover. When an employee joins your super plan, subject to meeting eligibility, they will receive the minimum level of MySuper death and TPD cover.

Employees can modify their cover or apply for additional cover through the insurance portal by logging into FirstNet or via the CFS App.

Please see the [FirstChoice Employer Super Insurance booklet](#) and the [Occupation Rating Guide](#) for more information.

Important: you will need to maintain your employee's details, including occupation rating via the FirstChoice Employer Super Clearing House, as inaccurate information may impact insurance cover.

Note: If you have more than two employee members in the super plan and would like to tailor your employer plan's default insurance design (for example, selecting an alternative death & TPD arrangement or including Salary Continuance Insurance (SCI)), please complete the [FirstChoice Employer Super – Employer Application \(Tailored Form\)](#)

Step 3 Declaration and signature

The Employer acknowledges that:

- by completing this form, the Employer applies to Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (Trustee) to become a standard employer sponsor of Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557
- they have read the [FirstChoice Employer Super PDS](#), and understands that the PDS is an important document that they should consider before completing this form
- if the Trustee accepts the application, this application will constitute an arrangement between the Employer and the Trustee by which the Employer contributes to FirstChoice Employer Super, and the Employer will be subject to the terms of the trust deed
- neither the Trustee, nor other CFS entities offered benefits or incentives that were conditional on the making of this application
- the clearing house facility is provided by SuperChoice Services Pty Limited (ABN 78 109 509 739) (SuperChoice) and they should consider the [SuperChoice PDS](#) before deciding whether to apply to use the clearing house
- while fees charged by SuperChoice for the use of the clearing house are currently paid by CFS, this may change in the future by notice to the Employer
- there are no other group life insurance arrangements in place for the employee members other than those of which they have advised the Trustee
- to the best of their knowledge after making reasonable enquiries, the information provided by the Employer in this form is true, accurate, complete and not misleading
- the Trustee and insurer may rely on information provided by the Employer to determine eligibility for, administer, or otherwise assess insurance cover for employee members. If information provided by the Employer is incorrect, incomplete or misleading, this may affect insurance cover for the specific employee member to whom the information relates, but only to the extent permitted by the insurance policy and applicable law and only where the information is relevant to that employee member's eligibility, application for cover or existing cover
- the provision of insurance cover is subject to the terms and conditions of the insurance policy held by the Trustee from time to time, as applicable to the relevant employee member's cover
- they will notify the Trustee within 30 days after termination of any of their employees
- they will only add members where the Employer has a superannuation obligation
- 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 by FirstChoice Employer Super is not guaranteed

By completing this application, you confirm that you are authorised to submit this application on behalf of the Employer. You also confirm that you have read and accepted the [CFS Privacy Policy](#) and [Privacy Collections Notice](#).

Original authorised signature 1*

Signature

Date signed

Print name

Job title

Original authorised signature 2 (optional)

Signature

Date signed

Print name

Job title