

FirstChoice Employer Super Change of Plan Details



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

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

SAVE FORM**PRINT FORM**

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

PART A – EMPLOYER DETAILS

1 EMPLOYER PLAN DETAILS

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

☐ Please update our ACN or ABN

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 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.

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

PRIMARY CONTACT

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full given name(s)*

Surname*

<input type="text"/>	<input type="text"/>
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Date of birth*

Job title

<input type="text" value="dd/mm/yyyy"/>	<input type="text"/>
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Work phone number*

OR

Mobile phone number*

Email address (mandatory)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECONDARY CONTACT

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full given name(s)*

Surname*

<input type="text"/>	<input type="text"/>
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Date of birth*

Job title

<input type="text" value="dd/mm/yyyy"/>	<input type="text"/>
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Work phone number*

OR

Mobile phone number*

Email address (mandatory)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3 PAYROLL DETAILS

We require your bank account details for any contributions you wish to direct debit or to return any surplus contributions. By providing your bank account details you authorise CFSIL to use the details for all future requests that you make. We will not debit your account without your authorisation at the time of the transaction. You must have at least one pay centre.

Note: If the authorised signatories for the plan are not the same as the authorised signatories for the bank account details advised below, a separate Direct Debit Request will also be required.

PAY CENTRE

Replacement ☐ Additional ☐ Remove ☐

If replacement or removal, please 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

Work phone number

Email address

PAY CENTRE

Replacement ☐ Additional ☐ Remove ☐

If replacement or removal, please 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

Work phone number

Email address

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 OR ☐ Remove

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 OR ☐ Remove

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 OR ☐ Remove

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 DETAILS

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

Date

dd/mm/yyyy

Please nominate below, by crossing (X) the appropriate box, the standard insurance cover that will apply to each category nominated

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
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 to apply:

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
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="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
Fixed dollar premium per week, or	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Fixed dollar amount of cover (only available to existing plans who currently have this formula and would like to change it), or	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Multiple of salary (only available to existing plans who currently have this formula and would like to change it)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 years (only available to existing plans who currently have this formula and would like to change it), or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 (only available to existing plans who currently have this formula and would like to change it)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Waiting period

30 days	Maximum 75%	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
60 days	Maximum 75%	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
90 days	Maximum 75%	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
Superannuation contribution component of SCI benefit	Maximum 15%	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %

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.

5 INSURANCE BENEFITS DETAILS (CONTINUED)

OCCUPATION CLASSIFICATION

Please 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).

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

For details of occupation classifications please refer to the Insurance booklet or the insurance occupation guide on FirstNet.

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 DETAILS

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

Date

dd/mm/yyyy

Please nominate below, by crossing (X) the appropriate box, the standard insurance cover that will apply to each category nominated

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
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 to apply:

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
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="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
Fixed dollar premium per week	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>

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	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 years (only available to existing plans who currently have this formula and would like to change it), or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 (only available to existing plans who currently have this formula and would like to change it)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Waiting period

30 days	Maximum 75%	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
60 days	Maximum 75%	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
90 days	Maximum 75%	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
Superannuation contribution component of SCI benefit	Maximum 15%	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %

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.

7 INSURANCE BENEFITS DETAILS (CONTINUED)

Occupation classification

Please specify the percentage of each category that meets the occupation classification detailed in the 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"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
White collar	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Light blue collar	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Medium blue collar	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Heavy blue collar	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Heavy blue collar - Death only	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Total	100%	100%	100%

For details of occupational classifications please refer to the Insurance booklet or the insurance occupational guide on FirstNet.

PART D – DECLARATION

8 DECLARATION AND SIGNATURE

INSURANCE DUTY TO TAKE REASONABLE CARE¹

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.

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.

¹ 'We', 'us' and 'our' in this section are referring to the Insurer.

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.

8 DECLARATION AND SIGNATURE (CONTINUED)

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

Direct Debit Request Authorisation

- I/we authorise Colonial First State Investments Limited (User ID 011802 & 619909) to arrange for funds to be debited from my/our account at the financial institution identified in **section 2** above and in accordance with the Bulk Electronic Clearing System (BECS);
- I/we have read the 'Direct Debit Request Service Agreement' (below) and agree with its terms and conditions;
- I/we request this arrangement to remain in force in accordance with details set out in **section 2** and in compliance with the 'Direct Debit Request Service Agreement'.

Note: If the authorised signatories for the plan are not the same as the authorised signatories for the bank account details, a separate Direct Debit Request will also be required.

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 PDS and I acknowledge I have access to all statements and information that are incorporated by reference, together referred to below as 'the PDS'
 - 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 signatories¹ can sign this form. To amend authorised signatories, please contact Employer Services on 1300 654 666 for further requirements.

Authorised Signatory

Print name

Date signed

Authorised Signatory

Print name

Date signed

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

Contact number

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)

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).

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**

RM name

RM name

Please send the completed form to:

Colonial First State
Reply Paid 27, Sydney NSW 2001
OR email to: employer@cfs.com.au

Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Colonial First State Investments Limited, User ID 011802 & 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 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.

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