

Employer details

1800 005 166
info@spiritsuper.com.au
GPO Box 1547, Hobart TAS 7001

Provide your contact details to help us communicate with you about super and your employees.

Section 1 Employer details

Registered name

Trading name

Australian Business Number (ABN)

Employer code (if known)

Registered address

Suburb/Town/City

State

Postcode

Postal address

 As above

OR

Suburb/Town/City

State

Postcode

Section 2 Contact details

Primary contact

If we need to contact you, we'll always try your primary contact first.

If you use an accountant or payroll provider, you can provide these details in section 3.

Last name

First name

Position

Phone

Mobile

Email



Section 2
Contact details (continued)

Other

Last name

First name

Position

Phone

Mobile

Email

Section 3
Third party authorisation

Complete this section if your business uses a third party to administer your super and you want to give them permission to access information about your employees in relation to your super obligations. Authorities last for two years unless you ask us to cancel it earlier.

Profession i.e. accountant, tax adviser, lawyer

Organisation name (if applicable)

ABN

Phone

Authorised person/s

OR

I authorise all staff

Address

Suburb/Town/City

State

Postcode

Email

Section 4
Employer declaration

- I'll be bound by the policies, procedures, trust deed and rules that govern Spirit Super and the relevant law
- I've disclosed all material information and the information provided by me is true and correct
- I consent to the use of my personal information as outlined in Spirit Super's *Privacy policy* available at spiritsuper.com.au/privacy-policy or by calling us on 1800 005 166.

If you've completed section 3, you understand that this authorisation:

- allows the third party to act on behalf of the business
- doesn't allow the third party to change employee account details
- allows access to employee information in relation to super obligations only.

You should only sign this form if you're authorised to do so on behalf of the employer.

Your signature

Date (DD MM YYYY)

Name

Position



Return the completed, signed and dated form to info@spiritsuper.com.au or Spirit Super, GPO Box 1547, Hobart TAS 7001.

