

Suncorp WealthSmart™ Business Super Employee details form



Issued 30 November 2010

Suncorp Portfolio Services Limited (Trustee)
ABN 61 063 427 958 AFSL 237905 RSE L0002059

Please use this form to provide us with the details of your employees, so that they may have accounts set up under your plan.

You can also submit your employees' information online via Suncorp WealthSmart's secure site at suncorp.com.au which will save you time.

Tips to help you complete this form

- Use blue or black pen and BLOCK letters
- Use a cross (X) to mark answer boxes
- Complete all sections of the form and sign and date on the last page.

Any questions? If you'd like help completing this form, or if you have any questions, just call us on 13 11 55 and ask for 'Super'

1. Employer details

Suncorp WealthSmart
employer account number

Employer name

Daytime phone number

Contact name

Employer selected insurance cover

If your plan has an Automatic Acceptance Limit, an employee will receive automatic cover provided we receive the following within 130 days of them first being eligible for insurance, which is generally the day they started employment:

- the employee's details and
- an initial contribution sufficient to pay any due premiums.

If we don't receive these employee details and sufficient contributions to cover the premiums within 130 days of them first being eligible, all insurance will be cancelled from that date. An employee can still get cover, but will need to complete an insurance application form, be underwritten and accepted for cover. This form is available at suncorp.com.au

3. Left employment advice

Please ensure you've paid the final contribution with this advice by completing details in section 2.

Employee details	Date employee left
Suncorp WealthSmart account no. <input type="text"/> Last name <input type="text"/> Given name(s) <input type="text"/> Address <input type="text"/> <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/> Date of birth <input type="text"/>	<input type="text"/>
Suncorp WealthSmart account no. <input type="text"/> Last name <input type="text"/> Given name(s) <input type="text"/> Address <input type="text"/> <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/> Date of birth <input type="text"/>	<input type="text"/>

4. Declaration and signature

Signed on behalf of the employer by its authorised representative:

Date

Print full name

Position

Note: Please ensure that ALL employee details are completed as processing delays may occur if this isn't the case. For further information, please call us on 13 11 55 and ask for 'Super'.

Please send the completed form to: Suncorp WealthSmart™
 GPO Box 2585
 Brisbane QLD 4001

OR fax to: 1300 172 693