Suncorp Employee Superannuation Plan
Family account application form

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

Issued 29 October 2011

Use this form if you're opening up a family account which will be linked to a current member's account in the Suncorp Employee Superannuation Plan.

Tips to help you complete this form

- Use blue or black pen and CAPITAL letters
- Use a cross (✗) to mark answer boxes
- Complete all 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 1800 652 489

1. Personal details

Title

Last name

Given name(s)

Date of birth d d / m m / y y y y Gender: Male ☐ Female ☐

Occupation

2. Contact details

Residential address (sorry – we can't accept PO Boxes)

Street address

Suburb/Town

State Postcode

Daytime phone number Mobile

Email

Postal address (if different from above)

Street address/
PO Box

Suburb/Town

State Postcode

3. Your family member's details

Family member's Suncorp Employee Superannuation Plan account no.
(see your family member's welcome pack or latest annual statement for details)

Last name

Given name(s)

Employer's name

4. Your Tax File Number (TFN) notification

Please read the section 'Tax File Numbers (TFNs)' on page 7 of the Product Disclosure Statement (PDS) for further information on providing your TFN.

TFN or

Reason for exemption

5. Investment selection

Make your investment choice by selecting from the following investment options. You may select a maximum of 20 investment options at any time. **If your investment selection is incomplete or unclear, your funds will be placed into the Suncorp Employee Superannuation Plan's default investment option, the Suncorp Traditional Capital Guaranteed Fund.**

Please refer to the investment information in the Suncorp Employee Superannuation Plan PDS and Member Booklet before selecting an investment option. For some investment options, a PDS is issued by the underlying manager, free of charge. You can download copies from our website or ask us for a printed version. Before you make an investment choice you should consider the relevant investment manager's PDS.

Is your initial investment selection the same as your future investment strategy?

☐ Yes, complete column A only

☐ No, complete both column A and B

Investment option	A Initial investment selection	B Future investment strategy
Diversified investment options		
Secure		
Suncorp Traditional Capital Guaranteed Fund	%	%
Suncorp Secure Portfolio	%	%
Conservative		
Suncorp Conservative Portfolio	%	%
Balanced		
Suncorp Balanced Portfolio	%	%
Growth		
Suncorp Growth Portfolio	%	%
High growth		
Suncorp High Growth Portfolio	%	%
Single sector investment options		
Cash		
Suncorp Bank Deposit Fund	%	%
Suncorp Term Deposit Fund	%	%
Suncorp Guaranteed Cash Fund	%	%
Australian fixed interest		
Tyndall Australian Bond Fund	%	%
Vanguard® Australian Fixed Interest Index Fund	%	%
International fixed interest		
Vanguard® International Fixed Interest Index Fund (Hedged)	%	%
Diversified fixed interest		
Macquarie Master Diversified Fixed Interest Fund	%	%
Diversified income		
Principal Global Strategic Income Fund	%	%
Australian property		
RREEF Paladin Property Securities Fund	%	%
Vanguard® Property Securities Index Fund	%	%
International property		
Vanguard® International Property Securities Index Fund (Hedged)	%	%
Australian shares		
Ausbil Australian Active Equity Fund	%	%
BT Wholesale Imputation Fund	%	%
Fidelity Australian Equities Fund	%	%
Ibbotson Australian Shares Active Trust	%	%
Perennial Growth Shares Wholesale Trust	%	%
Perpetual Wholesale Industrial Fund	%	%
Suncorp Australian Shares Fund	%	%
Tyndall Australian Share Wholesale Portfolio	%	%
Vanguard® Australian Shares Index Fund	%	%
Australian shares – specialist		
Ausbil Australian Emerging Leaders Fund	%	%
Perpetual Wholesale Geared Australian Fund	%	%
Tyndall Australian Share Income Fund	%	%
Zurich Investments Equity Income Fund	%	%
International shares		
AXA Wholesale Global Equity – Value Fund	%	%
Platinum International Fund	%	%
Suncorp Global Shares Fund	%	%
Vanguard® International Shares Index Fund	%	%
Walter Scott Global Equity Fund	%	%
International shares – specialist		
BlackRock Global Allocation Fund	%	%
Colonial First State Global Resources Fund	%	%
Lazard Global Small Cap Fund	%	%
Total	100 %	100 %

6. Initial contribution details

My initial contribution is:

☐ by cheque
Please make your cheque payable to **'Suncorp Portfolio Services Limited – <account name>'**

My contribution is made up of:

Personal contribution	$ ___,___,___.cc
Employer contribution	$ ___,___,___.cc
Spouse contribution	$ ___,___,___.cc
Total by cheque contribution	**$** ___,___,___.cc

and/or

☐ I wish to transfer my superannuation benefit from the following fund(s).

Name of fund(s)	Approximate amount
	$ ___,___,___.cc
	$ ___,___,___.cc
	$ ___,___,___.cc
	$ ___,___,___.cc

If you'd like assistance in consolidating your benefits, please visit our Super Rollover Wizard at suncorpsuperrollover.com.au or complete a separate Super Rollover form for each fund which you can get from the back of this application form or our website at suncorp.com.au

Please specify the amount of contributions you intend to claim as a tax deduction for the current financial year.

☐ Nil

☐ All

☐ Some $ ___,___,___.cc (specify amount)

Contributions claimed are subject to contributions tax.

7. Auto-rebalancing

Please refer to page 15 of the Member Booklet for further information about this option.

☐ I don't wish to use this service.

I'd like to have my account rebalanced: ☐ Quarterly ☐ Half-yearly ☐ Yearly

Your investments will be rebalanced in line with your future investment strategy.

8. Regular contribution plan

If you wish to regularly contribute to your account, please complete a Direct Debit Request form and attach it to this application.

9. Please tell us how you'd like to receive communication from us

Annual statements and other important communications (eg confirmations of transactions and changes to your account).

☐ Email me when it's available and I'll get it from your website (Please ensure you have provided your email address in section 2.)

☐ I'd like it sent to me by post

Annual reports

☐ I'll get it from your website

☐ I'd like it sent to me by post

10. Application for insurance cover

If you'd like Death only or Death and TPD insurance cover within your Suncorp Employee Superannuation Plan account, please complete an 'Insurance application form' and attach it to this application.

11. Authorised representative's personal details

Important information

You can give someone (either a person or an entity, like a company) the legal authority to make changes to your account. We call them 'authorised representatives'.

Things your authorised representative can do

They can do everything you can do with your account to the extent permitted by law (except for the things mentioned below). Eg they can:

- make additional contributions
- request a withdrawal of your benefit (subject to preservation rules)
- request a transfer of your benefits to another superannuation fund
- request information about your account and copies of any documents provided by us in relation to it.

Things your authorised representative can't do

They can't:

- request a cheque to be paid to someone other than you. This means any withdrawal requests will only be paid to you or to the bank account previously nominated by you. We can only pay to a bank account in your name or a joint bank account of which you're one of the account holders
- change your address
- appoint other authorised representatives
- (where they're your adviser) change any fees or charges or alter bank account details for withdrawals.

Authorities if your authorised representative is an entity (eg a company)

- If it's a company, this authority extends to any of its directors or authorised officers.
- If it's a partnership, this authority extends to all its partners.

I'd like to appoint the following person as my authorised representative:

If your authorised representative is a person:

Title

Last name

Given name(s)

Date of birth d d / m m / y y y y

If your authorised representative is an entity (eg a company)

Entity name

Contact person

ABN (if a company)

Street address

Suburb/Town

State Postcode

Daytime phone number Mobile

Email

12. Authorised representative's signature and acceptance

I accept this appointment and agree to all its terms and conditions as set out in this form, disclosure documents (such as the current Suncorp Employee Superannuation Plan PDS and Member Booklet), trust deed and other governing rules of the Suncorp Master Trust.

Authorised representative signature ✗

Date d d / m m / y y y y

13. Non-lapsing death benefit nomination

Please refer to page 10 of the Member Booklet for information on beneficiaries.

☐ I don't wish to nominate a beneficiary or ☐ In the event of my death, I direct you to pay my benefit to my dependants as listed below.

If you wish to nominate more than three dependants, please copy this page and attach to this form. The total of all allocated proportions (both your dependants and estate) must equal 100%.

Last name

Given name(s)

Date of birth d d / m m / y y y y

Relationship to you ☐ Spouse ☐ Child ☐ Financial dependant ☐ Interdependent relationship

Is a child pension required? ☐ Yes* ☐ No %

Last name

Given name(s)

Date of birth d d / m m / y y y y

Relationship to you ☐ Spouse ☐ Child ☐ Financial dependant ☐ Interdependent relationship

Is a child pension required? ☐ Yes* ☐ No %

Last name

Given name(s)

Date of birth d d / m m / y y y y

Relationship to you ☐ Spouse ☐ Child ☐ Financial dependant ☐ Interdependent relationship

Is a child pension required? ☐ Yes* ☐ No %

And/or

☐ Please pay my benefit to my estate %

Total allocation 1 0 0 %

Unless a child pension has been specified, your death benefit will be paid in a form determined by the Trustee after your death and having consulted your beneficiaries.

* Where one or more child pensions are specified, please also complete a child pension form which you can get from our website

Member's declaration

I request that the Trustee accepts my nomination. I understand that:

- On my death, the Trustee must pay my death benefit in accordance with my nomination, provided it's valid, at that time
- For my nomination to be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate
- My beneficiaries and I agree to be bound by the Fund's Trust Deed (as amended)
- This nomination applies to my superannuation death benefit in this Suncorp Employee Superannuation Plan account
- If a nomination is invalid at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to my estate

Signature ✗ Date d d / m m / y y y y

Signed in the presence of the witness below.

Witness declaration (The date of witness and member signatures must be the same.)

First witness signature

I declare that:

- I'm over 18 years of age and I'm not a nominated beneficiary and
- this nomination was signed by the member in my presence

Signature ✗ Date d d / m m / y y y y

Please print name

Second witness signature

I declare that:

- I'm over 18 years of age and I'm not a nominated beneficiary and
- this nomination was signed by the member in my presence

Signature ✗ Date d d / m m / y y y y

Please print name

As we're bound to pay your benefit according to your valid nomination, we recommend you review your nomination if any of your circumstances change. You can change your nomination at any time by completing a new non-lapsing death benefit nomination form.

14. Declaration and signature

By completing and signing this form:

General

- I've read the Suncorp Employee Superannuation Plan PDS and Member Booklet and have received and accepted this offer in Australia. If I've received this offer electronically, I've printed all pages of the document
- I agree to be bound by the Trust Deed for the Suncorp Master Trust, as amended from time to time
- I understand the Trustee reserves the right to refuse or reject an application
- If my application is incomplete or unclear, you may hold my money for up to 30 days. If you don't receive additional information or a completed application form within this timeframe, you'll return the money to whoever paid it to you without any interest

Contributions and withdrawals

- I understand that I can't receive a benefit payment from the Suncorp Employee Superannuation Plan unless I've satisfied a condition of release as set out on page 11 of the Member Booklet
- I've read the eligibility criteria to make a contribution into superannuation and I'm eligible to make or have contributions made on my behalf

Investments

- I acknowledge that the performance of any investment option offered by the Suncorp Employee Superannuation Plan isn't guaranteed by the Trustee or any other person, unless otherwise stated
- I understand for some investment options, one or more PDSs for the financial products underlying that option are available from your website at suncorp.com.au or by contacting you, and I consent to getting these PDSs by downloading them from this website or asking you for a printed version
- My investment choices have been made after reading the current Suncorp Employee Superannuation Plan PDS and Member Booklet, and the underlying investment manager's PDS for each investment option
- I acknowledge, when I make any investment decisions or transact on my account, I may have not read the most recent investment manager's PDS for each investment option and may not have been notified about material changes or significant events that adversely affect a matter that should be in the PDS for those investment options
- I consent to getting notification and an explanation of any material change or significant event that adversely affects a matter in the most recent PDS(s) for the underlying financial product(s) for each investment option by downloading the information from your website

Authorised representative

If I've nominated an authorised representative:

- I acknowledge the exercise of any of the powers by a person reasonably believed by the Trustee or its service providers to be my authorised representative or to be acting on behalf of my authorised representative, will be treated as if I had personally exercised those powers
- I acknowledge this arrangement will continue until I cancel the appointment in writing
- I agree the Trustee may cancel this facility or vary these conditions after giving me 14 days notice in writing
- I agree to release, discharge and indemnify the Trustee, other members of the Suncorp Group and its service providers from and against any claims, liabilities and expenses arising out of or in relation to my authorised representative
- I agree if I appoint an authorised representative I can't later claim that my authorised representative, or any person(s) appointed by me acting on behalf of my authorised representative, was not acting on my behalf

Information, authorisation of other persons and privacy

- I authorise my adviser, and any other person who I inform you in writing, to receive and obtain my personal information for the purposes of managing my account and I'll notify you if there is a change to this arrangement
- I consent to the collection and use of my personal information for the purposes of opening and administering my Suncorp Employee Superannuation Plan account as disclosed in the Suncorp privacy policy which is available from your website at suncorp.com.au
- I acknowledge you may use my personal information so that you and other members of the Suncorp Group may inform me of your or their products and services, unless I check the box below or later notify you in writing that I don't wish to receive this information
- I agree to be contacted by phone by a Suncorp representative if there is a need to get more information from me
- The information I've provided on the application form is true and correct

Meanings

- In this section, all references to 'you' are to the Trustee.

☐ I don't want to receive information on other products and services.

Applicant's signature ✗ _____ Date d d / m m / y y y y

Please send the completed form and any required attachments to:

Suncorp Employee Superannuation Plan
GPO Box 2585 (IPC: LS004)
Brisbane QLD 4001

Suncorp Employee Superannuation Plan
Super rollover form

SUNCORP

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

Issued 29 October 2011

Please use this form if you'd like to consolidate your other super account(s) into your Suncorp Employee Superannuation Plan account.

Please use CAPITAL letters and a black or blue pen.

If you're rolling over more than one super fund into your Suncorp Employee Superannuation Plan account, you'll need to fill in a separate form for each fund. You can either photocopy this form, or download one at www.suncorp.com.au/superconsolidation

You MUST provide proof of identity before we can process your rollover. Section 3 explains what you need to do.

If you've got any questions or need any help completing this form, just call us on 1800 652 489

Prefer to do things online?

Our online super rollover wizard can make the consolidation process easier, especially if you're rolling over more than one fund. You'll find it at www.suncorpsuperrollover.com.au

1. Your details

Suncorp Employee Superannuation Plan account number _____ (if known)

Title* _____

Last name* _____

Given name(s)* _____

Date of birth* d d / m m / y y y y Tax file number (if you have it) _____

Daytime phone number* _____ _____ _____ Mobile _____

Email _____

(*mandatory field)

2. Details of the fund you'd like to transfer into your Suncorp Employee Superannuation Plan account

Your account or member number _____ Approximate account balance $ _____ , _____

Name of fund* _____

Address of fund _____

Fund phone number _____ _____ _____

Fund provider _____

(*mandatory field)

3. Proof of your identity

You MUST provide proof of your identity, correctly certified, before we can process your rollover.

It may seem a bit of a hassle – but most super funds will require you to do this before releasing your money. After all, your super could be tens of thousands of dollars, so it's for your own protection that your previous fund makes sure you're the rightful owner of the money being transferred. For most people, the easiest way to provide proof of identity is as follows:

Step 1

Take a photocopy of your current driver's licence (both sides) or current passport (just the page with your photo and personal details) and the original to a post office, police station, Justice of the Peace or bank branch.*

*Any bank should be able to certify your documents, but to find your nearest Suncorp Bank branch, just go to 'Find a branch' at www.suncorpbank.com.au

Step 2

Ask them to certify your ID.

They'll do this by stamping or writing 'This is a true and correct copy of the original', followed by their signature, name, their qualifications entitling them to be a certifier, and the date.

Step 3

Post the certified copies of your ID back to us with this form. Don't fax or email them – we need to see the certifier's original signature. **Please don't send us the originals of your documents (ie your actual passport or driver licence).**

Don't have a current driver's licence or passport? Don't worry – there are other ways of giving us proof of your identity. Go to www.suncorp.com.au/superconsolidation or give us a call on 1800 652 489 and we'll explain your options.

4. Request and authority

- Before signing this form and requesting the transfer of benefits from your previous superannuation fund, you may ask the trustee of that fund to provide you with any information you reasonably require to understand your benefit entitlements. This includes information in relation to any fees or charges which will be incurred as a result of your transfer request and the effect of the transfer, including any change to your insurance cover or available investment options
- I request that the fund/administration company named in section 2 on this form, transfers my account value to Suncorp Portfolio Services Limited (ABN 61 063 427 958 AFSL 237905 RSE Licence No L0002059) as Trustee of the Suncorp Master Trust (SMT) in relation to my Suncorp Employee Superannuation Plan account mentioned in section 1 of this form
- Although I understand that I can request any information from my previous fund that I require in order to understand my benefit entitlement, I don't need it to give me any further information
- The Trustee and the administrator for SMT are acting on my behalf for this transfer and I authorise the release of information relating to my account to them, in order to facilitate and finalise this transfer
- I authorise the transfer of any contributions which may be received after my benefits have been transferred
- I understand that in certain circumstances, the Trustee may be required by law to deduct tax from any untaxed portions of amounts transferred
- I understand that the trustee of my previous fund is discharged from any further liability in respect of any amounts transferred
- I have read and agree to be bound by the privacy policy found on the Suncorp website

Instruction to trustee of the previous fund
Please transfer my account value to the Trustee of SMT in relation to my Suncorp Employee Superannuation Plan account noted in section 1 of this form. SMT is a complying superannuation fund and is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993. I've instructed and consented to the Trustee and the administrator for SMT facilitating this transfer on my behalf and I instruct you to provide them with all the relevant information.

The information provided on this form is correct and I consent to the authorities listed above.

Member's signature ✗ _____ Date d d / m m / y y y y

Checklist

Before sending everything off to us, make sure you've:

- ✓ Filled in all relevant sections of the form
- ✓ Signed and dated it
- ✓ Attached a certified copy of your driver's licence or passport (the version actually signed by the certifier, not a photocopy)
- ✓ Filled out a separate form and separate set of certified documents for each super fund you're rolling over to your Suncorp Employee Superannuation Plan account
- ✓ Given yourself a pat on the back – you've just taken a big step in simplifying your financial life!

Where to send your form(s) and certified ID:

Please send the completed form and identification to:

Suncorp Employee Superannuation Plan
Reply Paid 2585 (IPC: LS004)
Brisbane QLD 4001

Suncorp Employee Superannuation Plan
Direct Debit Request form (for members)

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

Issued 29 October 2011

Please use this form to set up a regular contribution plan or change your nominated bank account.

Tips to help you complete this form

- Use blue or black pen and CAPITAL letters
- Use a cross (✗) to mark answer boxes
- Complete all sections of the form and sign and date on page 2

Any questions? If you'd like help completing this form, or if you have any questions, just call us on 1800 652 489

1. Personal details

Suncorp Employee Superannuation Plan account number

Title

Last name

Given name(s)

Date of birth d d / m m / y y y y

Daytime phone number

Mobile

Email

Providing your tax file number (TFN) is not compulsory. However if you don't give us your TFN:

- We can't accept non-concessional contributions (includes personal after tax contributions made and spouse contributions received).
- You may pay additional tax on concessional contributions (includes personal before tax contributions, salary sacrifice, additional employer and compulsory employer contributions).

TFN

2. Employer details (your employer to complete – if making employer contributions)

Employer number (if known)

Contact name

Company name

Trading name

Daytime phone number

ABN

3. Direct debit options

Please select one of the following options:

☐ Start a new direct debit – continue to section 4

☐ Change existing direct debit – continue to section 4 (if you're not changing your bank account details, go straight to section 5)

☐ Cancel existing direct debit – continue to section 6

4. Bank account details

Please debit the following account:

Account name

Name of Australian financial institution

Branch name or address

Branch BSB – Account number

5. Amount to be debited

Deduction frequency

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Amount and contribution type

Please indicate the type and amount of the contribution per period.

Employee/Personal contributions $	Spouse contributions $

or

Employer contributions			Total employer contributions $
Award/SG $	Salary sacrifice $	Employer additional $	

Direct debit date

Your account will be debited on or around the 1st of the month.

Start date 0 1 / m m / y y y y

Contributions will be invested according to your current investment strategy.

6. Direct Debit Request authorisation (bank account holder(s) to complete)

- I/We authorise Suncorp Portfolio Services Limited (User ID 252606), to debit/stop debiting my/our account via the Bulk Electronic Clearing System in accordance with the instructions detailed in the Schedule below or on the terms set out on the DDR Service Agreement.
- I/We have read and understand the information contained in the DDR Service Agreement.
- I'll/We'll notify the Trustee immediately if I'm no longer eligible to contribute.
- I've/We've read and agree to be bound by the Suncorp privacy policy found on your website at suncorp.com.au
- This section needs to be signed by different people depending on who is making a direct debit contribution.
  Personal contributions – you must sign below
  Spouse contributions – contributing spouse must sign below
  Employer contributions – your employer must sign below

All bank account signatories must sign below.

Account holder A

Name

Position in company (employers only)

In the case of a company, two authorised signatories must sign unless a Sole Director and Sole Secretary or Sole Trader

Signature ✗ Date d d / m m / y y y y

Account holder B

Name

Position in company (employers only)

In the case of a company, two authorised signatories must sign unless a Sole Director and Sole Secretary or Sole Trader

Signature ✗ Date d d / m m / y y y y

Please send the completed form to:

Suncorp Employee Superannuation Plan
GPO Box 2585 (IPC: LS004)
Brisbane QLD 4001

7. Direct Debit Request (DDR) Service Agreement

This DDR Service Agreement forms part of the terms of the Direct Debit Request (DDR) and should be read in conjunction with this form.

DDR – Suncorp Employee Superannuation Plan

You can arrange to pay your superannuation by DDR.

We'll process a direct debit to the account nominated on the DDR for the amount of the superannuation contribution (plus any applicable Government charges, GST and processing fees) on the date that it's due.

Changing your DDR Authority

We'll give you 14 days notice if we change any of the terms of the DDR.

Deferring, stopping or cancelling your DDR

You may defer, alter, stop or cancel your DDR at any time by providing at least five business days' notification **in writing** to any Suncorp Branch or by mail to:

Suncorp Employee Superannuation Plan
GPO Box 2585 (IPC: LS004)
Brisbane QLD 4001

Or contact our Customer Service team on **1800 652 489**

Requests to vary the details of the account to be debited must be in writing and in the terms of the operating authority from the account. Alternatively, you may stop or cancel your DDR at any time by contacting the financial institution where your account to be debited is held.

DDR dispute resolution

If you wish to dispute a DDR transaction, you can contact the financial institution where your account to be debited is held, or contact us as follows and we'll arrange for your disputed transaction to be investigated and where appropriate, for a correction to be made.

Suncorp Employee Superannuation Plan
GPO Box 2585 (IPC: LS004)
Brisbane QLD 4001

staff.super@suncorp.com.au

Or contact our Customer Service team on **1800 652 489**

If we're unable to resolve the dispute to your satisfaction, you should contact the financial institution where the account to be debited is held to complete and lodge a DDR Customer Claim Form.

Non-business days

If your DDR falls due on a weekend or public holiday in Sydney, we'll process it on the next business day.

If you're uncertain of the date your DDR will be processed, you should contact your financial institution.

Returned or dishonoured DDRs

If your DDR is dishonoured or returned unpaid by your financial institution for any reason, we reserve the right to recover the funds from you and charge any additional fee that may apply.

Clear funds

You should ensure that you have sufficient clear funds in your account to enable the DDR to be paid by your financial institution.

Your records

We won't disclose any details of your DDR to any person or corporation unless requested to do so by law, or unless the information is required in relation to a disputed transaction.

Your account

You should be aware that some financial institutions may not allow DDR to be processed to certain types of accounts.

You should check your account details against a recent statement from your financial institution, or check with your financial institution to ensure that a DDR can be processed to your account.

If you wish to make enquiries about your DDR

You can contact us by writing to:

Suncorp Employee Superannuation Plan
GPO Box 2585 (IPC: LS004)
Brisbane QLD 4001

staff.super@suncorp.com.au

Or contact our Customer Service team on **1800 652 489**