

Employer Application Form

Complete this form to become a contributing employer of LUCRF Super.

Step 1 Employer details

Registered name

Trading name

Australian business number (ABN)

Employer site/location (if known)

Business type (please cross [X] one box only):

Company

Sole trader or partnership

Workplace address

Unit/Street number

Street name

Suburb/City/Town

State/Territory

Postcode

Postal address – if different to workplace

Unit/Street/PO Box number

Street name

Suburb/City/Town

State/Territory

Postcode

Please send all correspondence to (please cross [X]): Workplace address Postal address

Office contact

Please read our Personal Information Collection Statement at lucrf.com.au/privacy

Please cross [X] the appropriate box: Mr Mrs Miss Ms Other (please specify)

First name

Last name

Position

Email address

Work phone

Mobile phone



Issued June 2016 by L.U.C.R.F Pty Ltd ABN 18 005 502 090 AFSL 258481 as Trustee for Labour Union Co-operative Retirement Fund (LUCRF Super) ABN 26 382 680 883.

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Step 2 Declaration

As a contributing employer of LUCRF Super, I have read and understood the Super Member Guide (Product Disclosure Statement).

I agree to be bound by the terms and conditions of the trust deed. I understand the participation of my business and my employees who become LUCRF Super members shall take effect in accordance with the particulars of the trust deed, and I agree to make contributions to LUCRF Super as required by law. I confirm that all of the details provided in this form are accurate and complete. I undertake to inform the trustee if any of this information changes and will provide further information as requested.

I confirm that I am authorised to sign this application on behalf of the company.

Name (director, company secretary or authorised person)

Position

Date of birth (dd/mm/yyyy) (only required if sole trader or partnership)

Signature



X

Date (dd/mm/yyyy)

Checklist

Before you send this form to us, make sure you have:

- Completed all relevant steps
- The director, company secretary or authorised person has signed and dated this form

Send this form to:

LUCRF Super
PO Box 211
North Melbourne VIC 3051
E mypartner@lucrf.com.au

If you need any help completing this form, please call us on 1300 130 780 or email mypartner@lucrf.com.au

Notice of Compliance

LUCRF Super SFN: 1397 049 48

LUCRF Super ABN: 26 382 680 883

LUCRF Super Unique Superannuation Identifier (USI): LUC0001AU

To whom it may concern,

I confirm the following details on behalf of L.U.C.R.F Pty Ltd, the Trustee for the Labour Union Co-operative Retirement Fund (LUCRF Super):

- 1 The registered office of the Fund is: 833 Bourke Street, Docklands, Victoria 3008.
- 2 LUCRF Super is a complying superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993 (SIS Act)*.
- 3 LUCRF Super is able to accept superannuation contributions for eligible persons. These contributions are maintained and subsequently paid only in accordance with the SIS regulations.
- 4 The LUCRF Super Trust Deed allows benefits of any amount to be accepted as rollovers. Any unrestricted non-preserved portion of the rollover will remain unrestricted and may be cashed out by the member at any time.
- 5 LUCRF Super has never been subject to a direction under Section 63 of the SIS Act.
- 6 LUCRF Super meets the insurance requirements to be chosen as a default fund by employers for the purposes of the Choice of Superannuation Fund legislation.
- 7 LUCRF Super is able to accept contributions from employers, by electronic funds transfer (EFT) or BPAY, on behalf of their employees. The Trustee approves all employer-sponsors to pay on such frequency that they choose, provided that they meet their statutory obligations.

Any further queries regarding this notification should be directed to this office.

Yours faithfully,

Charlie Donnelly
Chief Executive Officer

lucrf.com.au

1300 130 780 E mypartner@lucrf.com.au P PO Box 211 North Melbourne VIC 3051