legalsuper

www.legalsuper.com.au

Return this completed form to:
legalsuper
GPO Box 4952
Melbourne VIC 3001
DX145 Melbourne
Phone: 1800 060 312
Fax: 1800 614 431
Email: mail@legalsuper.com.au

Employer application

By completing this form, you provide **legalsuper** with the means to complete a security check or to contact you should the need arise.
This request will be invalid if unsigned by a Director or authorised signatory.
Please use **BLOCK letters and black ink** when completing this form.

1. Employer details

Proprietor's name (Company or individuals who own the business)

ABN/ACN

Trading/Business name

Type of business (please tick)

☐ Legal firm ☐ Community legal centre ☐ Barrister
☐ Conveyancing firm ☐ Other, within legal profession
☐ Outside legal profession ☐ Government department or authority

Street/Unit No.

Street name

Suburb/Town/City

State Postcode

Email address

2. Employer contact (please tick)

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Justice

Surname

Given names

Telephone (business hours)

Mobile number

Fax (business hours)

Email address

Position

3. Contribution payment details

Date contributions will commence

How many employees do you have in total?

For how many of your employees will you contribute into **legalsuper**?

Frequency of contributions

☐ Monthly ☐ Quarterly

Contribution remittance preference (please tick)

☐ Cheque ☐ Clearing house
☐ Electronic transfer ☐ Payroll provider
☐ BPAY

Do you use a payroll company to remit **legalsuper** contributions?

☐ Yes ☐ No

If Yes, please provide name of payroll company

Privacy

When your details are provided to legalsuper they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account. If you wish to view **legalsuper's** Privacy Statement, please check the Fund's website **www.legalsuper.com.au** or to obtain a copy, please contact us on **1800 060 312**

Signature of Director contact or Authorised signatory

Date (dd/mm/yyyy)

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