

Group Employee Membership Form.



What's this form for?

If you're an employer whose default fund is Virgin Super and you have new employees to make super guarantee contributions for, please complete and return to us.

A few tips for you.

- Use blue or black pen
- Print within the boxes in clear BLOCK LETTERS
- Please use not
- Make sure you complete all relevant sections before sending us this application, otherwise we may not be able to process it
- Don't forget to include your signature where required

This form relates to the Virgin Super Product Disclosure Statement (Part 1 – Super Members Guide). The PDS describes important features of our product and must accompany this application form.

STEP 1 EMPLOYER DETAILS

Virgin Super Employer Number	<input type="text"/>	Contact name	<input type="text"/>
Contact number	<input type="text"/>		

STEP 2 NEW EMPLOYEES' DETAILS

		Employee 1	
Name	<input type="text" value="First"/>	<input type="text" value="Last"/>	
Occupation	<input type="text"/>	Date of birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
TFN	<input type="text"/>		
Address	<input type="text" value="Unit / Street No."/>	<input type="text" value="Street Name"/>	
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
Employee Email Address	<input type="text"/>	Employee Daytime Telephone	<input type="text" value="()"/>

		Employee 2	
Name	<input type="text" value="First"/>	<input type="text" value="Last"/>	
Occupation	<input type="text"/>	Date of birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
TFN	<input type="text"/>		
Address	<input type="text" value="Unit / Street No."/>	<input type="text" value="Street Name"/>	
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
Employee Email Address	<input type="text"/>	Employee Daytime Telephone	<input type="text" value="()"/>

		Employee 3	
Name	<input type="text" value="First"/>	<input type="text" value="Last"/>	
Occupation	<input type="text"/>	Date of birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
TFN	<input type="text"/>		
Address	<input type="text" value="Unit / Street No."/>	<input type="text" value="Street Name"/>	
	<input type="text" value="Suburb"/>	<input type="text" value="State"/>	<input type="text" value="Postcode"/>
Employee Email Address	<input type="text"/>	Employee Daytime Telephone	<input type="text" value="()"/>

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STEP 2 EMPLOYEES' DETAILS CONT'D

Employee 4

Name	First	Last
Occupation		Date of birth / /
TFN		
Address	Unit / Street No.	Street Name
	Suburb	State Postcode
Employee Email Address		Employee Daytime Telephone ()

Employee 5

Name	First	Last
Occupation		Date of birth / /
TFN		
Address	Unit / Street No.	Street Name
	Suburb	State Postcode
Employee Email Address		Employee Daytime Telephone ()


Employee 6


Name	First	Last
Occupation		Date of birth / /
TFN		
Address	Unit / Street No.	Street Name
	Suburb	State Postcode
Employee Email Address		Employee Daytime Telephone ()

Employee 7

Name	First	Last
Occupation		Date of birth / /
TFN		
Address	Unit / Street No.	Street Name
	Suburb	State Postcode
Employee Email Address		Employee Daytime Telephone ()

If you require additional pages for more employees, please photocopy this page.

 Please send completed form to:
Customer Care Team:
Virgin Super, Reply Paid 1489
Wollongong DC, NSW 2500

 1300 652 770
8am - 6pm (EST)
Monday - Friday
if you need any help.