

Employer change of details



Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975
Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921

Important: Please provide us with as much information as possible.
Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated.

Call 13 11 84
Fax 07 3016 7718
Email employer_info@sunsuper.com.au
Web sunsuper.com.au
Mail GPO Box 2924 Brisbane Qld 4001

Please note: This form is to be used for change of details only, if change of ownership has occurred please contact us on **13 11 84** for further information.

Current employer details

Employer number	<input type="text"/>		
Employer's trading name	<input type="text"/>		
Employer's registered name	<input type="text"/>		
Street address / PO Box	<input type="text"/>		
Suburb / Town	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Email address	<input type="text"/>		
ABN	<input type="text"/>	ACN	<input type="text"/>

Please complete only the sections you wish to change. Where no changes are required please leave the section blank.

New employer details

Employer's trading name	<input type="text"/>
Employer's registered name	<input type="text"/>

New contact details (Only listed contacts will be able to access information on employer accounts. Please list all people you wish to authorise to access information).

Primary contact (All mail will be addressed to this contact).

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>		
Position title	<input type="text"/>		
Daytime phone number	<input type="text"/>	Mobile phone number	<input type="text"/>
Fax number	<input type="text"/>		

New additional contacts

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>		
Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>		
Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>		

Please turn over for more information and to sign

New Company address (All mail will be sent to this address).

Street address / PO Box

Suburb / Town State Postcode

Email address

New contribution frequency

I wish to pay contributions on a monthly basis.

I wish to pay contributions on a quarterly basis. I confirm we are not required to contribute on a monthly frequency under an Industrial Award, and that any voluntary contributions made by our employees from their payroll will be sent to Sunsuper within 28 days of the end of the month in which they were deducted.

Declaration

- I declare no changes of ownership have occurred since completing the original application to become a Sunsuper participating employer.
- I declare all details on this form are correct.
- All authorised contacts understand all inbound and outbound calls to Sunsuper are recorded.
- All authorised contacts are aware Sunsuper’s Privacy Policy is available on our website.

Signed on behalf of the employer:

Sign here Date (dd/mm/yyyy)

Full name of signatory

Please return your application to Sunsuper, GPO Box 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. Our formal Privacy Policy sets out how we do this. If you would like a copy of Sunsuper’s Privacy Policy, please let us know. We have also published our Privacy Policy on our website [sunsuper.com.au](https://www.sunsuper.com.au).