

Employee changes

To advise of new employees or those leaving the company

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

*DENOTES MANDATORY FIELD.



13 11 84 | sunsuper.com.au

Reply Paid 2924 Brisbane Qld 4001

Your Sunsuper employer number
if already a registered employer

1 Employer details

Company trading name

Company registered name

Type of Business/Industry

Street Address / PO Box*

Suburb/Town*

State*

Postcode*

Company contact name*

Company phone number

Contact email address

ABN

ACN

2 New employee

Title

First name*

Middle name

Last name*

Date of birth (DD/MM/YYYY)*

Gender*

Street Address / PO Box*

Country of Birth*

Suburb/Town*

State*

Postcode*

Home phone number

Daytime phone number*

Mobile phone number

Tax file number

Date joined employer (DD/MM/YYYY)*

Employee's Sunsuper member number

If making a payment for this member please provide details:

Employer compulsory (SG)

Employer extra / Salary sacrifice

Member voluntary

Important

All details must be completed for any new employees you are enrolling with Sunsuper. Once we receive their details we'll send them a copy of our *Product Disclosure Statement* to give them all the information they need to know about us.

➔ Please continue over page

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New employee Continued

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*		Date of birth (DD/MM/YYYY)*	Gender*	
<input type="text"/>		<input type="text"/>	<input type="button" value="M"/> <input type="button" value="F"/>	
Street Address / PO Box*			Country of Birth*	
<input type="text"/>			<input type="text"/>	
Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone number	Tax file number	Date joined employer (DD/MM/YYYY)*	Employee's Sunsuper member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

If making a payment for this member please provide details:

Employer compulsory (SG)	Employer extra / Salary sacrifice	Member voluntary
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Important

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Employee leaving

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*				Gender*
<input type="text"/>				<input type="button" value="M"/> <input type="button" value="F"/>
Date of birth (DD/MM/YYYY)*	Tax file number	Date joined employer (DD/MM/YYYY)*	Employee's Sunsuper member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*				Gender*
<input type="text"/>				<input type="button" value="M"/> <input type="button" value="F"/>
Date of birth (DD/MM/YYYY)*	Tax file number	Date joined employer (DD/MM/YYYY)*	Employee's Sunsuper member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*				Gender*
<input type="text"/>				<input type="button" value="M"/> <input type="button" value="F"/>
Date of birth (DD/MM/YYYY)*	Tax file number	Date joined employer (DD/MM/YYYY)*	Employee's Sunsuper member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

 Please return the form to Sunsuper
Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper's Privacy Policy, visit [sunsuper.com.au/privacy](https://www.sunsuper.com.au/privacy) or call 13 11 84.

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