

Business Membership Form.



What's this form for?

If you'd like to set up a business account with us so you can make super guarantee contributions for your employees, use this form. To tell us about your individual employees, you'll need the Group Employee Membership Form.

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 autograph where required

This form relates to the Virgin Super Product Disclosure Statement (PDS). The PDS describes important features of Virgin Super and must accompany this application form. Please make sure you read the PDS before you sign this form.

STEP 1 BUSINESS DETAILS

Employer/ Business name			ABN/ACN		
Company name or Trading name					
Address	Unit/Level	Street No.	Street Name		
	Suburb		State	Postcode	
Postal address	(If different from above)				
Contact details for the person(s) who look after your company's superannuation					
Name	First		Last		
	Work		Fax		
Telephone					
Email			Job title		

STEP 2 CONTRIBUTION DETAILS

We agree to make contributions to Virgin Super from:

Please the pay period: weekly fortnightly monthly quarterly When does your next pay period end?

Do your employees make their own contributions via your payroll? Yes No

Please describe the area of work in which most of your employees are involved:

STEP 3 SENDING CONTRIBUTION RETURNS – YOUR OPTIONS

The PDS provides info about our contribution services. You can update your contributions each time via the web, or choose to receive a Paper Return. There is no charge to your business whichever service you choose. Please indicate your choice.

- Online internet service for Contributions Return or;
- Paper – Virgin Super Contributions Return by post.

Business Membership Form.



STEP 4

SENDING CONTRIBUTION PAYMENTS – YOUR OPTIONS

Please your preferred payment method

Direct Debit Request - To make contributions by regular payment, complete step 5. We'll arrange deduction of your contribution amount from your nominated bank account.

Cheque Please note that cheque payments cannot be accepted online. Please make payable to: Virgin Super.

Make payments online using . We'll send you the relevant biller code after you've joined.

STEP 5

DIRECT DEBIT REQUEST

Request and authorise to debit the account named below to make payments to Virgin Super.

First name or company name Surname or company ABN

Request and authorise the Administrator (Pillar Administration ABN 80 976 223 967 AFSL 245591), the user, (user ID number 270561) to arrange for any amount (or amount as specified below – for members only) the Administrator may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

Insert the name and address of financial institution where account is held

Financial institution

Address Level/Street No. Street Name

Suburb State Postcode

Insert details of account to be debited

Name account is held in (e.g. Fred Smith or ABC Pty Ltd)

BSB number Account number

Acknowledgement

By signing this Direct Debit Request you acknowledge that you have read and understood the terms and conditions of the debit arrangements between you and the Administrator as set out in this Request and in your Direct Debit Request Service Agreement.

Direct Debit on Demand for online users only

When you submit your Contributions Return Form we will advise you of the date on which your account will be debited. The debit will occur on the next processing cycle, which will be up to 14 days after the date of your Contributions Return.

Signature of account holder Date / /

Business Membership Form.



STEP 6 INSURANCE MEMBERSHIP

You may establish one or more Employee Groups under your plan for different levels of insurance cover. If different levels of insurance cover apply, your employee groups will need to be based on specific employment classifications or occupations (e.g. Management, Clerical)

The Virgin Super Product Disclosure Statement (Part 2 – Insurance Guide) details more information on the insurance options available. Cover is only available to employees who work more than 15 hours a week. Please refer to staff details section in the Insurance Guide.

1. Staff details

	EMPLOYER GROUP 1	EMPLOYER GROUP 2
Employee Groups (eg. Management, Clerical)	<input type="text"/>	<input type="text"/>
Staff eligibility (most employees will be covered by insurance upon commencement of employment & joining Virgin Super)	Date <input type="text" value="/ /"/>	Date <input type="text" value="/ /"/>
	Other criteria <input type="text" value="/ /"/>	Other criteria <input type="text" value="/ /"/>
Number of eligible staff (by group) (the total number of your employees who are eligible to join and take up insurance cover)	<input type="text"/>	<input type="text"/>

2. Type of cover

(by group) – Please tick relevant box

	STANDARD	STANDARD
1 Unit Death & TPD	<input type="checkbox"/>	<input type="checkbox"/>
Death Only	<input type="checkbox"/>	<input type="checkbox"/>
TAILORED		
Death & TPD	<input type="checkbox"/>	<input type="checkbox"/>
Death Only	<input type="checkbox"/>	<input type="checkbox"/>

3. Method of calculation – TAILORED ONLY

Fixed amount	<input type="text" value="\$"/>	Fixed amount	<input type="text" value="\$"/>
Formula	<input type="text"/>	Formula	<input type="text"/>

(Provide details, eg. multiple of salary)

Income Protection – see the current version of the Virgin Super Product Disclosure Statement (Part 2 – Insurance Guide) for more info

Employee Groups do not apply when establishing IP cover. Cover is only available to employee groups of 20 or more eligible employees working more than 15 hours per week*.

Member details – STAFF ELIGIBILITY

Commencement date Other eligible criteria:

*IP Cover commences after 90 day waiting period • 75% of employee's stated salary will be covered • Benefit period for cover is two years • Staff categories do not apply

Business Membership Form.



STEP 7 AUTHORISATION

Applications should be signed:

1. by the appropriate signatories for your Business
2. under the power of attorney (provided a certified copy of the relevant power of attorney is enclosed with the application form)

Each undersigned, on behalf of the business, declare/s and agree/s as follows:

- I/We have the power and authority to sign this application for and on behalf of the Business
- I/We hereby apply for admission by the Business as a member of Virgin Super for Business
- I/We acknowledge that I have read and I understand the Virgin Super PDS for Business and acknowledge that this application is subject to the terms and conditions of the PDS
- I/We have received the PDS from the internet or other electronic means that I received it personally or have a print out of it, accompanied by or attached to this application
- I/We agree that the Trustee (and any of its agents appointed for this purpose) may correspond with the business using the email address which we have provided in step 1 for any purpose related to the administration of our Virgin Super for Business account.

For companies

1st Director

Name	First	Last
Signature		Date / /

2nd Director/Secretary

Name	First	Last
Signature		Date / /

For a partnership or sole proprietor

(Partnerships to be signed in accordance with your partnership agreement)

Signed, sealed and delivered		How many partners are there in the business?	
Name	First	Last	
Signature		Date / /	

For incorporated bodies

Job title		
Name	First	Last
Signature		Date / /
Witness job title		
Witness full name	First	Last
Witness Signature		Date / /

Direct Debit Request Service Agreement.

Read this Direct Debit Request Service Agreement before completing the Direct Debit Request. By completing a Direct Debit Request, you acknowledge that you have read and understood the terms of the Direct Debit Request Service Agreement. You should keep a copy for your records.

DEFINITIONS

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

Business Day means a day other than a Saturday or a Sunday or a public holiday in Australia.

Debit Day means the day that your payment to us is due.

Debit Payment means a particular transaction where a debit is made.

Direct Debit Request means the direct debit request between us and you.

Us or we means Trust Company Superannuation Services Limited ABN 49 006 421 638 as trustee for Virgin Superannuation (Direct Debit User ID No. 270561).

You or your means the customer who signed the direct debit request.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting your account

- 1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between you and us.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.
- 1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited, you should ask your financial institution.

2. Changes by us

- 2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days written notice.

3. Changes by you

- 3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on 1300 652 770.
- 3.2 If you wish to stop or defer a debit payment you must notify us in writing at least fourteen (14) days before the next debit day. This notice should be given to us in the first instance.
- 3.3 You may also cancel your authority for us to debit payment at any time, by giving us fourteen (14) days before the next debit day. This notice should be given to us in the first instance.

4. Your obligations

- 4.1 You need to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.
- 4.4 If we are liable to pay goods and services tax (GST) on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the considerations payable for the supply, multiplied by the prevailing GST rate.

5. Dispute

- 5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1300 652 770 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.
- 5.2 If we find that as a result of our investigations your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we find that as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.
- 5.4 You should call us if you have any queries about an error made in debiting your account so that we can attempt to resolve the matter between you and us. If we cannot resolve the matter, you can still refer it to your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account, as direct debiting is not available on all accounts offered by financial institutions;
- (b) that your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the direct debit request, if you have any queries about how to complete the direct debit request.

7. Confidentiality

- 7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information secure and to ensure that any of our employees or agents who have access to that information do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information in your direct debit request:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this agreement (including disclosing that information in connection with any query or claim).

8. Notice

- 8.1 If you wish to let us know in writing about anything relating to this agreement, you should write to us at:
Resolution Manager
Virgin Super
PO Box 1489
Wollongong NSW 2500
- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.
- 8.3 Any notice will be deemed to have been received two business days after it is posted.



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.