EMPLOYER APPLICATION
EMPLOYER USE ONLY

Date Stamp (Internal Office Use Only)

LGSP
WA LOCAL SUPER

Please complete this form with a Black pen using BLOCK letters and send it to:
WA Local Government Superannuation Plan, PO BOX Z5493 St Georges Tce, Perth WA 6831
Please fill circles like ● **NOT like** ⊗ ⊘

→ The Employer makes this application on behalf of employees for whom they will contribute to the Fund. The application consists of this form and the initial contributions made on behalf of the employees. The application will be accepted and admission to the Fund will commence when the initial contributions are accepted by the Trustee.

Section 1 Employer details

Employer Number **(OFFICE USE ONLY)**

Employer Name

Trading Name

Principal Business Address Line 1

Principal Business Address Line 2

Suburb State Postcode

Postal Address Line 1

Postal Address Line 2

Suburb State Postcode

Phone (Day) Fax

Email

Contact Name

Contact Position

ABN No. Employees

What is the primary activity of the Employer?

Section 2 Online and other information

Your Employer Pack should include:

→ Remittance Advice
→ Annual Report
→ Product Disclosure Statement (PDS)
→ FAQ - Information for the Employer
→ Financial Services Guide (FSG)

Would you like an Account Administrator to call you to answer any questions you may have? ○ Yes ○ No

After your application has been processed, you will receive an email advising you of your Client Login details to the online system. **Please use the online system to lodge the contribution data. Access to update information about your Employees is available after approval, please complete a *Notice of Authorised Officers***

53298

WA Local Government Superannuation Plan Pty Ltd ABN 64 066 797 162 AFSL No 269006 RSE No L0001137 RSE REG No R1004380
Perth Office: Level 11, 105 St Georges Tce, Perth WA 6000 Postal Address: PO Box Z5493, St Georges Tce, Perth WA 6831
Tel: (08) 9480 3500 | 1300 99 85 42 (Country areas) Fax: (08) 9480 3501 Website: www.walgsp.com.au

Section 3 Acknowledgement & declaration

I / we have elected to use WALGSP as the Default Fund for our Employees (ie. If the Employee does not make a choice where their contributions will be paid under 'Choice of Fund' legislation, then WALGSP will be the nominated Fund). ◯ Yes ◯ No

If elected yes I / we agree:

→ to be bound by the Trust Deed as amended from time to time, governing the superannuation Fund known as the WA Local Government Superannuation Plan.

→ to provide the Trustee with all information and to do all such things as the Trustee requires to comply with Government requirements relating to the Superannuation Guarantee legislation.

→ that I / we have received and read the Product Disclosure Statement (PDS) Version 3, January 2009 including the Privacy Statement.

Section 4 Signatories

Signature (Authorised Officer of the Employer)

Date / /

Surname

Given name(s)

Position

2nd Signature (Authorised Officer of the Employer)

Date / /

Surname

Given name(s)

Position

Details for Employers

The WA Local Government Superannuation Plan declares the following:

The Plan is a regulated superannuation Fund and complies with the Superannuation Industry (Supervision) legislation. There is no minimum amounts that can be accepted by the Fund. We would prefer all contributions to be lodged via the online system, but if you need to send a cheque then it should be made to "WA Local Government Superannuation Plan".

Cheques and contribution / remittance advice data should be sent to:

WA Local Government Superannuation Plan
PO Box Z5493
St George's Terrace
PERTH WA 6831

Payment by EFT Transfer to:

BSB Number: 306 - 089
Account Number: 5493014
Account Name: WALGSP
Reference Employer Number / Name.
Contribution data must be lodged with the Fund in a timely manner to allow the monies to be allocated correctly.

The Fund's Superannuation Fund Number is: 1466 / 519 / 43.

The Fund's Australian Business Number is: 18 159 499 614.

The Fund's SPIN is: WAL0001AU.

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