

# New member advice

This form should be used by employers that have registered with us to be a default super fund for new employees.


You should use this form to advise us of any employee(s) joining First State Super as a new member.

**Unique Superannuation Identifier (USI)**

53 226 460 365 001

**MySuper Authorisation Number**

53 226 460 365 073

 Please sign and date form here.

 Return the completed form to:  
**First State Super**  
**PO Box 1229**  
**WOLLONGONG**  
**NSW 2500.**  
 For more information and to make online enquiries visit [firststatesuper.com.au](http://firststatesuper.com.au) or call us on **1300 650 873** Monday to Friday 8.30am to 6.00pm AEST.

## 1. Employer details

Employer name

Employer code  Contribution period ended --

Contact name

Daytime contact number

Email

Name of authorised person

Signature of authorised person  Date (DD-MM-YYYY) --

## 2. New member details

**New employee #1**

Last name  Title

Given name(s)  M  F

Residential address

Suburb  State  Postcode

Mobile number  Date of birth (DD-MM-YYYY) --

Email

Payroll number  Date commenced (DD-MM-YYYY) -- Tax File Number\*





If further space is required for new member details, you should photocopy the form and attach the additional pages or alternatively attach your own payroll system report.

## 2. New member details

### New employee #2

Last name										Title			
<input type="text"/>										<input type="text"/>			
Given name(s)										M		F	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
Residential address													
<input type="text"/>													
Suburb										State		Postcode	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
Mobile number					Date of birth (DD-MM-YYYY)								
<input type="text"/>					<input type="text"/>								
Email													
<input type="text"/>													
Payroll number					Date commenced (DD-MM-YYYY)					Tax File Number*			
<input type="text"/>					<input type="text"/>					<input type="text"/>			

### New employee #3

Last name										Title			
<input type="text"/>										<input type="text"/>			
Given name(s)										M		F	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
Residential address													
<input type="text"/>													
Suburb										State		Postcode	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
Mobile number					Date of birth (DD-MM-YYYY)								
<input type="text"/>					<input type="text"/>								
Email													
<input type="text"/>													
Payroll number					Date commenced (DD-MM-YYYY)					Tax File Number*			
<input type="text"/>					<input type="text"/>					<input type="text"/>			

\* When a new employee provides their tax file number (TFN) on the *Tax file number declaration (NAT 3092)* form it is also deemed to have been provided for superannuation purposes. If you don't pass on your employee's TFN, they may pay extra tax on contributions and may not be able to make some types of contributions. Employee TFN details provided to us will be validated via the Australian Taxation Office (ATO) SuperTICK service.

## 3. Privacy

The personal information provided on this form is collected by and held for First State Super by the fund administrator, Mercer Administration Services (Australia), in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on 1300 650 873 or visit [firststatesuper.com.au/privacy](http://firststatesuper.com.au/privacy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.



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