

## → Employer information form

Use this form to provide an employer's details to LGsuper, so we can accept employer contributions for a member or members.

### Employer details

Employer name

Trading name (if different from employer name)

Address

Suburb

Postcode

ABN

Email

### Superannuation contact details

Last name

Given name

Title

Position

Address

Suburb

Postcode

Email

Telephone

Facsimile

### Member details

Please provide details for the first LGsuper member you are contributing for.

Last name

Given names

Date of birth

Member number

### Contribution payment methods

After you have completed and returned this form to LGsuper, you will be provided with an employer number. You can then make contributions without completing forms using BPAY. Visit [www.lgsuper.org](http://www.lgsuper.org) to obtain the Biller code and Reference number. If you prefer, complete a *Contributions remittance form* and return it to us with a cheque made payable to LGsuper.

### Contribution frequency

Contributions must be paid at least quarterly for superannuation guarantee purposes. Any voluntary contributions from an employee's pay must be sent to LGsuper within 28 days of the end of the month in which they were deducted.

### Acknowledgement

I acknowledge that contribution payment and frequency requirements apply under the Superannuation Guarantee Act.

Signature

Name

Date