

# New enrolment details

## MLC MasterKey Business Super

This form may be copied and completed for each employee enrolling in your Plan.

### 1. Employer to complete

This section is compulsory for completion of the enrolment. Please ensure information is correct or your employees insurance may be modified or cancelled.

Plan number (if known)

Plan name

Employer name

Member group

### Employee's details

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Email

Gender

☐ Male ☐ Female

Tax File Number (TFN)

Penalties can apply to you if you fail to quote an employee's TFN to us within 14 days of them providing it to you.

Date joined company (DD/MM/YYYY)

Occupation

Current annual salary

\$

OR Hourly rate (if casual)

\$

Estimated hours per week (if casual)

hours

**Please note:** Annual salary is your employee's income derived from their occupation, excluding super, director's fee, overtime payments, penalty or shift allowances, investment income etc.

Refer to our Occupation Guide for more information available at [mlc.com.au/forms\\_and\\_brochures](https://mlc.com.au/forms_and_brochures)

## 1. Employer to complete continued

### Residential address

Residential address can't be a PO Box.

Unit number	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Postal address (if different to your employees residential address)

Unit number	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Basis of employment

<input type="checkbox"/> Full time	<input type="checkbox"/> Permanent part time (more than 15 hours per week)	<input type="checkbox"/> Permanent part time (less than 15 hours per week)
<input type="checkbox"/> Fixed term employment*	<input type="checkbox"/> Casual*	<input type="checkbox"/> Seasonal or Contract*

\* Refer to the Insurance Guide for definitions of these employment types.

Was the new employee actively **At Work** on the day insurance cover first commenced (usually date joined Plan)?

Yes <input type="checkbox"/>	
No <input type="checkbox"/>	If no, state the reason <input type="text"/> Refer to the <b>At Work</b> definition in the Insurance Guide.

## 2. Employer declaration

This application is made by the Employer on its own behalf and on behalf of its current employees in respect of whom it will from time to time contribute.

- I/We have received and read the current **Product Disclosure Statement** available on **mlc.com.au**, and apply to have my/our employees become members of MLC Super Fund.
- I/We understand that following the enrolment of the employee, he/she will be able to nominate dependants, select investment options and supply additional personal information as required to operate their MLC MasterKey Business Super account.

Name	Position
<input type="text"/>	<input type="text"/>
Phone number	Email
<input type="text"/>	<input type="text"/>

### Employer signature

<input type="text"/>	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

## 3. Send us your form

Please mail your completed, signed and dated form to:

**MLC**  
**PO Box 200**  
**North Sydney NSW 2059**

If you have any questions, please speak with your financial adviser, call us on **132 652** Monday to Friday between 8 am and 6 pm (AEST/AEDT) or visit **mlc.com.au**