



30 September 2026

Employer Application

Before you sign this Application form, the Trustee or your licensed financial adviser is obliged to give you a Product Disclosure Statement (PDS), which is a summary of important information relating to the Fund. The PDS will help you to understand the product and decide if it is appropriate to your needs.

Any employer can establish an Employer Plan, provided the employer has at least two employees and maintains active membership within the Plan.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

Step 1: Employer details

Employer name			
Trading name			
ABN		-	-
Business address			
Suburb		State	Postcode
Mailing address (if different from above)			
Suburb		State	Postcode

Employer contact details

These details are for us to identify your primary administrator and IOOF Contribution Service Transact contact.

Title (Dr/Mr/Mrs/Ms/Miss)		Surname	
Given name(s)			
Position			
Phone		Fax	
Email			

If your IOOF contribution service contact is different to your primary administrator above, please complete below.

Title (Dr/Mr/Mrs/Ms/Miss)		Surname	
Given name(s)			
Position			
Phone		Fax	
Email			

Step 2: Nomination of default fund

Do you wish to appoint the Fund as your employer-nominated default fund under the Choice of Fund legislation? ☐ Yes

Upon initial establishment of the Employer Plan, how many employees will be joining the Fund?

Step 3: Insurance cover

Note: You cannot nominate your insurance basis if you have not nominated IOOF Employer Super as your default fund in Step 2.

Complete this section if you wish to nominate an insurance basis for each category (must be greater than the default). If you do not complete this section, the MySuper default premium will apply. For full details on insurance benefits and eligibility, please refer to the PDS.

	☐ Category 1	☐ Category 2	☐ Category 3
Category description			
Type of cover			
	☐ Death & TPD	☐ Death & TPD	☐ Death & TPD
	☐ Income protection	☐ Income protection	☐ Income protection
Insurance basis			
Nominated cover*	\$	\$	\$
Nominated premium*	\$. per week	\$. per week	\$. per week
Formula basis* (please specify)			
*Subject to Trustee approval.			
Income protection cover			
Waiting period	☐ 30 days	☐ 30 days	☐ 30 days
	☐ 60 days	☐ 60 days	☐ 60 days
	☐ 90 days	☐ 90 days	☐ 90 days
Benefit period	☐ 2 years	☐ 2 years	☐ 2 years
	☐ 5 years	☐ 5 years	☐ 5 years
	☐ to age 65	☐ to age 65	☐ to age 65
Percentage of salary insured	%	%	%

Maximum insurable benefit is 75% plus 10% contributions

Step 4: Authorised signatories (required)

This section is required for all employer applications.

Name	
Position	
Contact phone number	
Signature	Date / /
Name	
Position	
Contact phone number	
Signature	Date / /

Step 5: Financial adviser details (financial adviser to complete, if applicable)

IOOF will only register a financial adviser who

- holds a current Australian Financial Services Licence; or
- is a representative of an appropriate Australian Financial Services Licensee.

Financial adviser details

Dealer group	
Licence name	
Financial adviser name	
AFS Licence number	
Financial adviser number*	

If you are a new financial adviser*, please also complete the following details:

Business name			
Registered address			
Suburb		State	
Mailing address (if different from above)			
Suburb		State	
Phone		Fax	
Mobile			
Email			

* An email notifying you of your new financial adviser number will be forwarded to you shortly.

Dealer stamp

Step 6: IOOF Contribution Service (Transact)

Do you want to register for the IOOF Contribution Service - Transact*

☐ Yes ☐ No

If yes, please complete all of Step 7.

If no, please continue to Step 8.

Note: In order to be eligible for the IOOF Contribution Service - Transact, you must nominate IOOF as your default fund (see Step 2)*.

* SuperChoice Services Pty Limited ("SuperChoice") is the provider of the Superannuation Clearing House facility known as IOOF Contribution Service – Transact, which is offered to participating employers of IOOF Employer Super.

Step 7: Register for the IOOF Contribution Service (Transact) (only complete the following section if you want to use Transact)

Transact provides you with a secure and easy to use website for administering your superannuation contributions.

This registration form should only be completed once you have read and agreed to the terms and conditions available in the combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS) for IOOF Contributions Service - Transact. Once you have completed the registration form, please print and sign both the User and Employer Declarations. Then send the forms to the **Transact Helpdesk (Post: Transact Helpdesk, GPO Box 264, Melbourne VIC 3001 or email transactsupport@insigniafinancial.com.au).**

Step 7a: Contribution submission type

How would you like to submit your contribution? ☐ Manual submission ☐ File upload*

*Please note: This function is dependent on your payroll system generating a Superstream Alternate File Format (SAFF) file in the CSV format, and is suitable for 20+ employees.

Step 7b: Account details (registered bank account to be credited)

Please note: This bank account will be credited if a contribution is returned by a choice superannuation fund or if we are not able to reconcile a payment that is intended to be made to a superannuation fund.

Name of financial institution

Account name

BSB

 -

Account number

Step 7c: Payment method

Please select your preferred payment method.

☐ Direct credit ☐ Direct debit (Please complete the Employer Initiated Direct Debit Service Agreement at the end of this form.)

Step 7d : User declaration and signature

This declaration must be signed by the person applying for access to Transact on behalf of the employer.

By submitting this application form:

- I/We acknowledge that I/we have received, read and understood the combined Financial Services Guide (FSG) and Product Disclosure Statement (PDS) for IOOF Contributions Service - Transact.

Primary user's name			
Position			
Email			
Phone			
Signature		Date	/ /
User 2 name			
Position			
Email			
Phone			
Signature		Date	/ /
User 3 name			
Position			
Email			
Phone			
Signature		Date	/ /

Step 8: Employer declaration and signature

I/We have read and understood the PDS, and hereby apply to be admitted as a participating employer in the Fund and agree to be bound by the provisions of the Trust Deed, as amended from time to time including any Participation Agreement entered into. I/We agree to the extent permitted by Commonwealth Government regulations to contribute to the Fund on a regular or singular basis. I/We agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.

IOOF Contribution Service (Transact) (if you completed Step 7)

Privacy Notice

Information (including your personal information) provided to the Trustee is used for the purpose of registering for the IOOF Contribution Service (Transact) and for other related purposes detailed in the PDS and privacy policy, for example: to provide you with account statements. The Trustee will disclose your personal information to SuperChoice Services Pty Ltd ABN 78 109 509 739 to provide clearing services on Transact. For these purposes, the Trustee may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, your employer, your financial adviser, insurers, professional advisers, businesses that may have referred you to the Trustee, medical professionals where you have applied for insurance cover, banks and other financial institutions, or to provide you with information about other products or services that may be of interest to you. If you do not provide all of the requested information, The Trustee may not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients, however, any overseas disclosure does not affect the Trustee's commitment to safeguarding your personal information and the Trustee will take reasonable steps to ensure any overseas recipient of personal information complies with the *Privacy Act 1988*. Your personal information will be used in accordance with the Trustee's privacy policy. The privacy policy contains information about how you may access or correct your personal information held by the Trustee's and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the privacy policy by contacting the Trustee on 1800 913 118 or at transactsupport@insigniafinancial.com.au

- I/We authorise the above named Applicant to access and use Transact on behalf of the Employer.
- I/We understand that the Applicant's access to Transact is governed by the terms and conditions in the IOOF Contribution Service PDS.
- I/We acknowledge that I/we have received, read and understood the IOOF Contribution Service PDS and the terms and conditions within the PDS.
- I/We acknowledge that I have read and understood the Privacy Notice and that a copy of the Trustee's privacy policy is available on the IOOF website (www.ioof.com.au/privacy).
- I/We agree to be bound by the terms and conditions in the IOOF Contribution Service PDS.

On acceptance of your application, we will send you an email with directions on how to confirm your registration and login to Transact.

If you have any queries or have not received confirmation or response within five working days of sending your registration form, please contact the Transact Helpdesk on 1800 125 566 or email at transactsupport@insigniafinancial.com.au

Two signatures required (unless sole director/sole trader).

Please indicate whether ☐ Sole director/trader ☐ Director ☐ Sole company secretary

Name

Title

Signature*

Date / /

* If you are a Sole Director/Company Secretary only one signature is required. A director can sign jointly with another director or a company secretary. If you have selected Direct debit in Step7c, please also complete the Employer Initiated Direct Debit Service Agreement on the next page.

Please indicate whether ☐ Director ☐ Company secretary

Name

Title

Signature**

Date / /

** If there is more than one director/company signatory a second signatory is required. A director can sign jointly with another director or a company secretary. If you have selected Direct debit in Step7c, please also complete the Employer Initiated Direct Debit Service Agreement on the next page.

Please forward all correspondence and enquiries to

Applications and forms

Post IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060
Email employerservices@insigniafinancial.com.au
Fax 03 6215 5800

Enquiries

Telephone enquiries 1800 913 118
Email enquiries employerservices@insigniafinancial.com.au



30 September 2026

Employer Initiated Direct Debit Service Agreement

PayClear Services Pty Limited (ABN 93 124 852 320) ("PayClear")

Please complete this by using the Online Employer Self Enrolment facility, or if SuperChoice agrees or requires that you print and sign the agreement, please print this Direct Debit Service Agreement and ensure you complete sections A and C.

Employer initiated Direct Debit is a simple option to pay your superannuation contribution payments through the Clearing House facility of PayClear Services Pty Limited (Australian Financial Services Licence 314357 and Direct Debit User ID 481471). Before choosing this option, you should check with your financial institution to ensure that the Direct Debit facility is an available feature of your nominated account. If you elect to pay by Employer initiated Direct Debit, you are required to register for the Clearing House facility to provide pertinent information and to accept your agreement to the following terms.

Authorisation to:

PayClear Services Pty Limited (User ID 481471) ABN 93 124 852 320 Effective immediately, PayClear is authorised, upon receipt of a payment instruction from time to time, to debit an amount equal to the total of the payment instruction from the nominated financial institution account specified here and confirmed in the registration details supplied through the online Employer Self Enrolment.

A. Direct debit account

For multiple bank accounts, please also complete 'Additional direct debit accounts' below.

Bank / financial institution name																	
Branch address where account is held																	
Account name																	
BSB				-						Account number							

Additional direct debit accounts

Organisation name	ABN	Financial institution account name	BSB	Account number

B. Terms

You and PayClear agree:

1. Drawing arrangements:

1.1 PayClear will debit your nominated financial institution account with the exact amount specified in the superannuation contributions payment instruction, but only after receipt of that instruction.

1.2 If the payment is authorised on or before 4:00 pm AEST on a given Banking Day (i.e. any day that the Bulk Electronic Clearing System (BECS) is operating), the payment will be drawn from your account on that day. If a payment is authorised after 4:00 pm AEST or on a non-Banking Day, the payment will be drawn on the next Banking Day.

1.3 PayClear may vary any details of this Direct Debit Service Agreement at any time by giving you at least fourteen (14) days' notice.

1.4 PayClear may cancel this Employer initiated Direct Debit Service Agreement if two or more drawings are returned unpaid by your nominated financial institution and PayClear may then seek to arrange an alternate payment method.

1.5 PayClear will keep private and confidential all information pertaining to your nominated financial institution account(s).

2. Your rights and responsibilities:

2.1 It is your responsibility to ensure that the authorisation given to draw on the nominated account(s) is identical

to the account signing instruction provided to the financial institution where each account is held. You should check the account details are correct by checking them against a recent account statement.

2.2 You must ensure that your financial institution account(s) remains open and has sufficient funds to cover the contribution payment including any transaction fees.

2.3 You should check your account statement to verify that the amounts debited from your account are correct

2.4 It is your responsibility to advise us if your nominated account(s) is closed.

2.5 It is your responsibility to arrange a suitable alternative payment method before you cancel your direct debit authorisation. You may do so by contacting PayClear on 1300 659 456 or by writing to PayClear at Level 8, 35 Clarence Street, Sydney NSW 2000, or through your nominated financial institution.

2.6 You may stop payment of a drawing by contacting PayClear on 1300 659 456 or by writing to PayClear at Level 8, 35 Clarence Street, Sydney NSW 2000, or through your nominated financial institution. You must contact us prior to 3.00 pm Sydney time on the day we receive the payment instruction.

2.7 If you believe that a drawing has been made incorrectly or contrary to authority or a payment instruction, you may take the matter up directly with PayClear, or lodge a Direct Debit Claim through your nominated financial institution.

C. Authorisation:

TO: PayClear Services Pty Limited (User ID 481471) ABN 93 124 852 320 ("PayClear")

I / we declare that all the information provided is correct and that I / we are authorised in respect of each bank account listed in accordance with the account signing instruction provided to the financial institution where each account is held.

Effective immediately, I / we authorise PayClear as the payment services provider to arrange for funds to be debited from the account(s) specified above in the amounts specified in the superannuation contributions payment details that are submitted and authorised in the Site.

(Note: If the account/s require two signatures, then both signatures are required here)

Authorised Signature		Additional authorised signature (if required)	
Name as recorded for nominated account		Name as recorded for nominated account	
Date	/ /	Date	/ /

(If more than two signatures are required, please use the additional signing boxes)

Authorised Signature		Additional authorised signature (if required)	
Name as recorded for nominated account		Name as recorded for nominated account	
Date	/ /	Date	/ /