

# Lutheran Super

## Application to become a contributing employer

Please provide all of the required information on the application form. If your form is incomplete, the Fund may not be able to process your application.

Employer name\* ("Contributing employer")

Employer ABN number\*

Postal address\*

Email address\*

Contact name\*

Contact number\*  Commencement date / /

**\*Required information**  
 We request that the Trustee (LCA Nominees Pty Ltd) and Principal Employer (The Lutheran Church of Australia Incorporated) of Lutheran Super ("Fund"), agree to admit the contributing employer nominated above to contribute to the Fund in respect of the employee(s) listed below from the commencement date stated above.

Name

Member no:

Name

Member no:

The contributing employer agrees and acknowledges that it has received the Fund's Product Disclosure Statement. **Please note: the contributing employer further acknowledges that contributions may only be remitted electronically (BPAY®) using Lutheran Super's Employer Online facility**, contributions remitted by cheque or EFT **cannot** be accepted.

**Contributing employer execution:**

Name of director  Signature

Name of director/secretary  Signature

Date  /  /

**OR**

Name of authorised officer  Position

Signed on behalf of the contributing employer

Date  /  /

Issued by LCA Nominees ABN 61008204939, AFS Licence No. 240571 as Trustee for Lutheran Super ABN 93371348387.

