

Choice of fund and contribution

Please complete this form in CAPITAL letters.

Questions? Contact us on 1800 640 055 or enquiries@mapfunds.com.au.

Use this form to:

- ▶ notify your employer to pay all future employer superannuation contributions to MAP Superannuation Plan
- ▶ confirm to your employer that MAP Superannuation Plan is a complying superannuation fund
- ▶ provide your employer with the details they need to make contributions into your account.

1. Your personal details

Title	Given name(s)	Surname
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Employee/Payroll ID		
<input style="width: 95%;" type="text"/>		

2. Chosen fund details

Fund name	
<input style="width: 95%;" type="text" value="MAP SUPERANNUATION PLAN"/>	
Member number (if known)	Australian Business Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="71 603 157 863"/>
Unique Superannuation Identifier (USI)	Phone number
<input style="width: 95%;" type="text" value="71 603 157 863 001"/>	<input style="width: 95%;" type="text" value="1800 640 055"/>

3. Declaration and signature

I request that all future employer contributions are to be made to the MAP Superannuation Plan as detailed above.

Signature	Date (DD/MM/YYYY)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Privacy Policy

The collection of your personal information (PI) in this form is governed by the Privacy Act 1988 (Cth). Diversa Trustees Limited uses your PI to administer your superannuation account (including insurance (if any)), improve our products and services and keep you informed. If we cannot collect this information, we may not be able to do these tasks. We may collect your PI from you, or from third parties such as your employer. We will only share your PI where necessary to perform our activities with our administrator, other service providers, as required by law or court/ tribunal order or with your permission. Your PI may be accessed overseas by some of our service providers. For full details of how we use your PI, the countries where your PI may be accessed, how you can access and change your PI, and the privacy complaints process please read our Privacy Policy at mapfunds.com.au or call us on 1800 640 055.

Certificate of compliance

The MAP Superannuation Plan ABN 71 603 157 863 is a complying, resident, regulated superannuation fund. The Trustee of MAP Superannuation Plan is Diversa Trustees Limited ABN 49 006 421 638, AFSL No 235153, RSE Licence No L0000635.

We certify that:

- ▶ the trustee has lodged an irrevocable election for the fund to be a regulated superannuation fund within the meaning of Section 19 of the Superannuation Industry (Supervision) Act 1993 (SIS)
- ▶ the fund is administered as a complying superannuation entity for the purposes of SIS. The trustee has not received and does not expect to receive a notice of non-compliance from the Australian Prudential Regulation Authority (APRA)
- ▶ APRA has not directed the fund not to accept contributions or rollovers under Section 63 of SIS.

Yours sincerely,

Diversa Trustees Limited

How to make a contribution

MAP Superannuation Plan is a complying superannuation fund which accepts employer contributions. You can make a contribution by one of the following methods:

SuperStream

Details for SuperStream and Clearing House

Fund name

MAP SUPERANNUATION PLAN

Australian Business Number

71 603 157 863

Member name

Unique Superannuation Identifier (USI)

71 603 157 863 001

Member number

Small Business Superannuation Clearing House

The Small Business Superannuation Clearing House is an online superannuation payments service that helps businesses meet their superannuation guarantee obligations. For more information or to access this online service, visit the ATO website at ato.gov.au/sbsch.

Another clearing house provider

You may wish to use an alternative clearing house to assist you in making contributions for your employees. You should refer to the clearing house provider directly for more information.

Payroll providers

Your payroll provider may be able to arrange payment of superannuation contributions for your employees using a payroll file and a gateway. You should contact your payroll provider for more information, including any fees and charges.

Details for electronic funds transfer (EFT)

Bank account name

DIVERSA ATF MAP SUPERANNUATION PLAN-APP ACCT.

BSB

083-001

Account number

88-628-4005

Reference/description

Where single account and one contribution type

Member number and contribution type

Contribution type

SG - SUPER GUARANTEE CONTRIBUTIONS*

SS - SALARY SACRIFICE CONTRIBUTIONS*

EA - EMPLOYER ADDITIONAL CONTRIBUTIONS*

MV - MEMBER VOLUNTARY (AFTER TAX) CONTRIBUTIONS*

Reference (insert Member number*)

SG

SS

EA

MV

Multiple member and or multiple contributions

Please complete the MAP Superannuation Plan Contribution Schedule.

EFT description (enter employer name)

* Single member payments made using the above EFT Description are direct credited without manual intervention, therefore these details cannot be used for contributions for other employees.

MAP Superannuation Plan and MAP Pension Plan are superannuation products within MAP Superannuation Plan ABN 71 603 157 863 RSE R1001587 (the Fund), which is Division II of The MAP Master Superannuation Plan. Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153 RSE Licence L0000635 (referred to as the Trustee, we, our, us) is the Trustee of the Fund and the product issuer. The information in this document has been prepared by OneVue Wealth Services Pty Ltd ABN 70 120 380 627, AFSL 308868 as the Fund Promoter. It is intended to provide you with general information only and does not take into account your objectives, financial situation or needs. Before making any financial decisions about MAP Superannuation Plan or MAP Pension Plan, it is important that you read the current product disclosure statement (PDS) and consider your particular circumstances and whether the particular financial product is right for you. The current PDS for each product is available on mapfunds.com.au. You should consult a financial adviser if you require personal advice.

Contribution schedule

Employer details

Employer name (if applicable)	ABN	Email	Phone	Date payment made	Total payment
					\$

Client details

Member number	Surname	Given name(s)	DOB	TFN	Period start	Period end	Super Guarantee	Salary Sacrifice	Employer Additional	Member Voluntary (After tax)	Total
						TOTAL					

Please send your completed Contribution schedule to: MAP Superannuation Plan, PO Box 1282, Albury NSW 2640, or email to super@onevue.com.au.