

GROSVENOR PIRIE MASTER SUPERANNUATION FUND – SERIES 2 Trust Company Superannuation Services Limited

Trustee:	Fund:
ABN: 49 006 421 638	ABN: 32 367 272 075
AFSL: 235153	SPIN: TCS0004AU
Trustee No.: L0000635	Fund Registration No.: R1001204

EMPLOYER APPLICATION FORM

Sponsoring Employer

Before signing this Employer Application Form, please ensure that you have read the Product Disclosure Statement from the Grosvenor Pirie Master Superannuation Fund – Series 2 dated 1st February 2010 and any supplementary material that may have been issued.

1. Employer Details

(Print in block letters)

Employer

Trading as

ABN

Tax File Number

Business Address (street number and name)

Suburb

State

Postcode

Telephone Number

Facsimile Number

Telephone Number (daytime)

Mobile Number

E-mail Address

Please Note: If you provide your email address, you authorise us to send communications or information, including information required by law, to you by email.

2. Employer authorised representative

(Print in block letters)

Authorised signatory (employee/individual) responsible for the maintenance of superannuation arrangements relating to our participation in the Fund.

Mr, Mrs, Ms, Miss

Surname

First Name

Middle Name

Job Title

Alternative contact name

3. Employer preferred contribution method

Would you prefer to receive the "Employer Contribution Schedule" and "New Employee Schedule" in Excel format, via e-mail, or in hard copy via regular post?

Email

Post

Please advise us of your existing employees' details as soon as possible.

Contribution or payment method; Ongoing contributions can be made by:

Cheque

Please make cheques payable to: Australian Executor Trustees Limited - GPMSF 2

Direct Debit

Bank at any National Australia Bank Branch:
Australian Executor Trustees Limited – GPMSF 2
BSB : 082- 282 A/C : 65-093-1464

Please Note: we do not accept cash deposits.

4. Employer Declaration

I/We hereby make application to become an employer sponsor in the Grosvenor Pirie Master Superannuation Fund – Series 2 and agree to be bound by the Trust Deed dated 2nd December 2003 (as amended from time to time).

I/We have personally received the Product Disclosure Statement dated 1st February 2010 and any supplementary PDS that may have been issued ("PDS") either as a printed document, an electronic document or a paper printout of the electronic document and this application was accompanied by, or attached to, the PDS at the same time as I/we received this Employer Application Form.

I/We acknowledge that neither Trustee nor any of their subsidiaries nor their respective officers guarantees any particular rate of return, the capital invested or the repayment of capital.

I/We acknowledge and have read and understand the information in the PDS about privacy and understand by completing and returning the relevant forms, I/we agree to the Trustee or any of their subsidiaries or appointed service providers using and disclosing my/our personal information as set out in the privacy policy.

I/We undertake to provide the Trustee with any information requested relating to the Grosvenor Pirie Master Superannuation Fund – Series 2 and any change to information I/we have given in this application.

I/We have read and understood the PDS.

The authorised representative detailed above is authorised on behalf of the employer for the purposes of supplying to the Trustee any notice, comment or information required to facilitate the administration of the Fund.

I/We declare that the contributions made by me/us are in accordance with the contribution rules in superannuation legislation.

I/We agree that any contributions made in contravention of these rules may not be able to be retained by the Fund and may be rejected or refunded (as soon as practicable) [without interest].

I/We declare as an employer to provide the employer contribution schedule at or near the same as the payment and that any loss or liability arising from delays in receiving the schedule and the allocation of contributions shall be the responsibility of the employer.

X

Signature of Authorised person

X

Date

By authority of the Board of Directors in presence of:

X

Signature of Company Secretary

X

Signature of Director

Please return completed form to Grosvenor Pirie Management Limited, GPO Box 263, Sydney NSW 2001
Free Call : 1300 366 657 Facsimile : (02) 8354 4900 E-Mail : info@gpml.com.au