Application to become a participating employer

IMPORTANT: Complete all sections in BLOCK letters and black ink.

Send your completed form to AMIST, Locked Bag 5390 Parramatta NSW 2124

Employment Details

To the Trustee,

- The Employer hereby makes application to become a Participating Employer of AMIST as established by the Trust Deed.
- If accepted as a Participating Employer of AMIST -

(a) The Participating Employer agrees to be bound by the terms and conditions of the Trust Deed;

(b) The Participating Employer agrees to make contributions to AMIST on a monthly basis unless otherwise agreed with the Trustee.

(c) The Participating Employer agrees to provide all information reasonably required by the Trustee.

Registered Names

Trading Name

Street Number / PO Box

Street Name

Suburb / Town / City

State

Postcode

Fax Number

Company ABN

Email Address

CORRESPONDENCE ADDRESS - show "as above" if the same as the street address

Street Number / PO Box

Street Name

Suburb / Town / City

State

Postcode

Telephone Number

Office Contact

Date Contributions Commence

D D M M Y Y Y Y

Date of the week pay-period end

D D M M Y Y Y Y

Dated this

day of

The first contributions are due from

Please attach completed AMIST Application for Membership forms.

Director

Director Or Secretary

Individuals/Partnerships: signed and delivered by the said:

and

In the presence of:

(witness)

69.2 1106 07 1

Trustee: Australian Meat Industry Superannuation Pty Ltd ACN 002 981 919 ABN 25 002 981 919 AFSL Licence 238829
RSEL Number L0000895 RSER Number R1001778 SFN 268997940 SPIN AM10100AU