

SUPERANNUATION EMPLOYER CONTRIBUTION NOTIFICATION FORM

Trustee: Diversa Trustees Limited
ABN: 49 006 421 638, AFSL No: 235153, RSE License No: L0000635

This form should be given to your employer to instruct them to pay all future super contributions to your Superannuation Account. If you have any questions or require any further information please contact us on 03 8681 4600.

IMPORTANT: Please use BLOCK letters and black ink when completing this form. Please note that fields marked with an asterisk are mandatory.

1. MEMBER DETAILS

*Member Number
*Mr/Mrs/Ms/Miss *Surname
*Given names *Date of Birth

2. EMPLOYER DETAILS

*Company Name *ABN
*Contact Name *Contact Number

3. *TYPE OF MONTHLY CONTRIBUTION

Employer Contribution - Compulsory \$
Employer - Salary Sacrifice \$
Member - Voluntary \$
Total Payment \$

Complying Fund Statement

The Powerwrap Master Plan ('the fund') is a complying, resident, regulated superannuation fund. The Trustee of the fund is Diversa Trustees Limited ABN 49 006 421 638 RSE Licence No. L0000635. The Trustee accepts all categories of employer contributions and has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions.

4. PAYMENT DETAILS

Diversa Trustees Limited

*Account Name:

*Account Number:

Employer contribution amounts should be deposited to your Cash Account, details of which are available from your Financial Adviser.

*Reference - **Quote your member number**

Please make cheques payable to: Diversa Trustees Ltd ATF Powerwrap MPFA

Employers, please return scanned original to powerwrap@diymaster.com.au for the initial contribution or where there is a change to a contribution type.