



# BT Super Associated Employer Notification Form

BT Customer Relations © 132 135 (8.00am – 6.30pm Mon – Fri Sydney time)

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 RSE L0001090 is the trustee of BT Super which is part of Retirement Wrap ABN 39 827 542 991 RSE R1001327. The Insurer is AIA Australia Limited ABN 79 004 837 861 AFSL 230043.

This form should be used by employers with an existing BT Super employer plan (**Existing Employer**) to notify BT of an association between the Existing Employer and another employer (**Associated Employer**). This form can be used in conjunction with the Employer Application form.

Where the association between the Existing Employer and the Associated Employer satisfies certain conditions, the Existing Employer can request the trustee to provide employees in the Associated Employer's plan with reduced administration fees on their BT Super account balance, as the Existing Employer has negotiated for its own employees.

## 1. EMPLOYER DETAILS

Existing Employer Number:

Existing Employer Name:

Associated Employer Number (If known):

Associated Employer Name:

## 2. ASSOCIATED EMPLOYER RELATIONSHIP

Please select the options below which describe the association between the Existing Employer and the Associated Employer.

Please Tick	Association between the Existing Employer and the Associated Employer	Meaning
<input type="checkbox"/>	The Existing Employer and Associated Employer are related companies.	<b>a.</b> One company is a subsidiary of the other; or <b>b.</b> Both companies are subsidiaries of the same third entity ('holding' company)
<input type="checkbox"/>	The Existing Employer has a controlling interest in the Associated Employer.	The Existing Employer has the capacity to determine the outcome of the decisions about the Associated Employer's financial and operating policies.
<input type="checkbox"/>	The Associated Employer has a controlling interest in the Existing Employer AND The operations, resources or affairs of the Existing Employer are material to the Associated Employer.	The Associated Employer has the capacity to determine the outcome of the decisions about the Existing Employer's financial and operating policies.
<input type="checkbox"/>	The employer has a 'qualifying investment' in the other employer AND The employer has significant influence over the other employer AND The interest is material to the employer.	The employer: <b>a.</b> Has an asset that is an investment in the other employer; or <b>b.</b> Has an asset that is the beneficial interest in an investment in the other employer and has control over that asset.
<input type="checkbox"/>	A third entity has a controlling interest in both the Existing Employer and the Associated Employer AND The operations, resources or affairs of the Existing Employer and the Associated Employer are both material to the third entity.	A third entity has the capacity to determine the outcome of the decisions about the Existing Employer's and the Associated Employer's financial and operating policies.
<input type="checkbox"/>	The Existing Employer and Associated Employer are part of a Franchise.	A group of employers licensed by a franchisor that BT has agreed, with the franchisor, to recognise as an Associated Employer for the purpose of determining Administration Fee discounts.



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### 3. DECLARATIONS

By signing this form:

- I confirm that I have read this form and the information completed is true and correct.
- I confirm that the association between the Existing Employer and Associated Employer satisfies the condition(s) ticked in section 3 such that the Associated Employer can be considered an associate of the Existing Employer for the purposes of superannuation law.
- If approved, I request BT to provide employees in the Associated Employer's plan with reduced administration fees on their BT Super account balance in line with the administration fees charged to employees in the Existing Employer's plan who have a BT Super account balance.

#### Signature of **Director 1**

Director 1 Name:

#### Signature

On completion of this form, please print it out and sign and date by hand.

Date (dd/mm/yy)

#### Signature of **Director 2**

Director 2 Name:

#### Signature

On completion of this form, please print it out and sign and date by hand.

Date (dd/mm/yy)

#### You can submit this form by:

- ✉ mail BT Super  
GPO Box 3958, Sydney NSW 2001
- ✉ email [superforms@btfinancialgroup.com](mailto:superforms@btfinancialgroup.com)

