



# MercerSpectrum

## Employer Authorisation Form

For adding, removing and/or modifying authorised signatories

This form should be completed with a blue or black pen, using BLOCK letters and a cross (x) to mark answer boxes.

**Any questions?** If you have any questions in regards to completing this form, please contact the MercerSpectrum team on 1300 721 408 or email [mercerspectrum@mercer.com](mailto:mercerspectrum@mercer.com).

By completing this form, you consent to the Terms and Conditions in the MercerSpectrum Product Disclosure Statement dated 8 July 2008 and will be provided with access to MercerSpectrum.

### Step 1 – Employer details

Fund name

Company name

Trading name

ABN/ACN

Employer number (if known)

### Step 2 – MercerSpectrum authorisation

#### Access levels for authorised users

There can be as many Level 1 or Level 2 users set up in MercerSpectrum as required by the Employer.

**Level 1 – Restricted access:** This access level enables the Authorised Employer Representative to submit details of new members, authorise termination of membership, update personal details of members, prepare contribution data or advise specific information to enable effective administration of the Plan and member records.

**Level 2 – Full access:** This level of access enables the Authorised Employer Representative the same functions as a Level 1 user. In addition, a Level 2 user is able to authorise the payment of and remit contribution data via MercerSpectrum.

#### Payment authorisation

As an Employer you can decide between either a single authority or a dual authority configuration. Note dual authorisation requires at least two Level 2 users to be present at the same location, in order to complete the authorisation of the payment.

How many Level 2 users must authorise the submission of contributions and the debiting of your bank account?

**Please note: this will default to 'One' if no selection is made.**

One  or Two  (please cross appropriate box)

## Step 2 – MercerSpectrum authorisation (continued)

I/We authorise the following person(s) to access MercerSpectrum on our behalf.

**OR**

I/We authorise to have the following person's(s') access removed from MercerSpectrum on our behalf. (Note we only require the user names details when removing an authorised user).

If you wish to authorise access for more than four people, please photocopy this page and attach the copy(ies).

Name

Position

Access level (please cross appropriate box)

One  or Two

Phone (work)

Fax

Email

Add user

Remove user

Modify/Change user

(please cross appropriate box)

Name

Position

Access level (please cross appropriate box)

One  or Two

Phone (work)

Fax

Email

Add user

Remove user

Modify/Change user

(please cross appropriate box)

Name

Position

Access level (please cross appropriate box)

One  or Two

Phone (work)

Fax

Email

Add user

Remove user

Modify/Change user

(please cross appropriate box)

Name

Position

Access level (please cross appropriate box)

One  or Two

Phone (work)

Fax

Email

Add user

Remove user

Modify/Change user

(please cross appropriate box)

### Processing responsibilities

We are not responsible for, but will assist you in, the recovery of refunds due to you. We are not liable for any late payments resulting from your failure to provide accurate or timely notification of contributions or sufficient funds to pay the contributions.

## Step 3 – Declaration

- I/We agree the information provided on this form is correct and is signed on behalf of and with the authority of the employer by its authorised representative(s).
- I/We authorise the employees listed on this form to access MercerSpectrum on behalf of our company.
- I/We accept we are responsible for the conduct of that employee or employees when accessing MercerSpectrum.
- I/We will promptly advise MercerSpectrum of any changes in details or circumstances where employees are authorised or removed from having access to MercerSpectrum.
- I/We have read the MercerSpectrum Product Disclosure Statement dated 8 July 2008 and agree to be bound by the Terms and Conditions, the Privacy Statement and the Client Initiated Direct Debit Request Agreement for MercerSpectrum as set out in the Product Disclosure Statement (including this application form).

Signature

Date

X

□□ / □□ / □□□□

Please print name

Signature

Date

X

□□ / □□ / □□□□

Please print name

Please mail the completed application form to us.

## Need more information?

If you require further information, please contact the MercerSpectrum team:

Monday to Friday 9.00am – 5.00pm (Melbourne time)

Mercer Spectrum contact details:

Ph: 1300 721 408

E-mail: [mercerspectrum@mercerc.com](mailto:mercerspectrum@mercerc.com)

Mail: GPO Box 9946

Melbourne VIC 3001

