



nest

national
entitlement
security
trust

Employer Checklist

HOW TO JOIN

Joining NEST is easy. The application forms are enclosed for your convenience and can be downloaded from the NEST website; www.nest.net.au or obtained by contacting the NEST administrator Coverforce, toll free on **1300 302 555**.

The specific steps required for employers joining NEST are:

- Step 1** Complete and sign the Employer Application Form and Deed of Adherence.
- Step 2** Send these forms to the NEST administrator Coverforce at;
PO Box 7899 Baulkham Hills BC NSW 2153 or fax to 02 8814 7788
- Step 3** Provide details of all your eligible employees. Employers can do this by the following methods:
- a.** Complete the enclosed employee application form for each employee or a online member application form from our website: www.nest.net.au or
 - b.** Provide these details in an electronic format such as ASCII or excel.
(Suitable for employers with many employees).
- Step 4** Once the above is completed the administrator will generate your first monthly contribution statement. You can pay this statement by direct debit, direct credit or cheque. If you prefer, we are available to personally assist you in undertaking the joining process at your premises.
- Step 5** Optional: If you wish to pay by direct debit then you are required to complete and sign the Direct Debit Request Form which can be downloaded from the NEST website. (Send or fax this form to Coverforce.)

PAYING ONGOING CONTRIBUTIONS

Once an employer has paid their first contribution, the administrator will provide them with a monthly contribution statement. An employer's monthly contribution will be equal to their previous months contribution plus any adjustments made for:

- adding new employees
- terminating or resigning existing employees
- varying employee entitlements or pay rates or
- amending members' details.



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NEST Employer Application

ORGANISATION DETAILS

Name of Organisation:

Type of Organisation:

(eg company/partnership/trust/sole trader)

Description of business:

ABN:

ACN:

CONTACT DETAILS

Contact Name:

Mobile:

Phone:

Website:

Fax:

Email:

ADDRESS DETAILS

Office Address:

Suburb:

State:

Postcode:

Postal Address:

Suburb:

State:

Postcode:

BANK DETAILS

Account Name:

Account Number:

BSB Number:



IMPORTANT NOTICES

By signing this application the above named applicant agrees to contribute their employees entitlements into the National Entitlements Security Trust (NEST) in accordance with the Trust Deed and as provided for within the applicants enterprise agreement, industrial agreement or award as the case may be.

The Applicant agrees to pay those contributions monthly in arrears and within seven (7) calendar days from the end of any monthly period.

The Applicant acknowledges that it has read and understood the Employer Information booklet.

The applicant agrees to cooperate with the NEST administrator, Coverforce Pty Limited and any rules the administrator may set out from time to time as published on the NEST website.

Signed Director: _____

Print Name: _____

Dated: _____



DEED OF ADHERENCE

THIS DEED POLL IS MADE BY _____ (Name of Organisation)

ACN/ABN _____ Of _____ (Address)

BACKGROUND. The Employer is required to make contributions to the National Entitlements Security Trust (NEST) pursuant to an enterprise bargaining agreement, award or industrial agreement (which may or may not be registered) in relation to its employees, and is to be bound by the NEST Trust Deed in relation to those contributions.

OPERATIVE PROVISIONS. Defined Meanings: Defined terms in this deed poll have the same meaning as in the NEST Trust Deed.

Participating Employer: With effect from the date of this deed poll, the Employer acknowledges and agrees that it is bound by the NEST Trust Deed as a participating Employer within the meaning of the NEST Trust Deed in respect of its employees who are from time to time engaged by the Employer.

Contributions: The Employer will make contributions into NEST as specified in their enterprise bargaining agreement, award or industrial agreement as the case may be. The Employer will make those contributions in a manner specified by the funds administrator Coverforce Pty Limited.

Benefit: This deed poll is given in favour of NEST Nominees Pty Ltd of Level 3, 133 Parramatta Rd, Granville, NSW, who is the Trustee of the Trust known as NEST.

Understanding: The Employer acknowledges that it has read and understood the NEST Trust Deed.

Governing Law and Jurisdiction: This deed poll is governed by and construed under the law in the state of New South Wales.

Stamp Duty: The Employer will pay any stamp duty if applicable in respect of this deed.

EXECUTED AS A DEED POLL
SIGNED SEALED AND DELIVERED

BY _____
(Employer Name)

(Secretary/Director)

In the presence of:

Print Name

Witness

Print Name

Director

Print Name



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NEST Member Application

MEMBER DETAILS

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Occupation:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>

EMPLOYMENT DETAILS: (to be completed by Employer only)

Employment Start date:	<input type="text"/>	Contract Hours:	<input type="text"/>	Hourly rate of pay:	<input type="text"/>
Annual Leave: (weeks per annum)	<input type="text"/>	Leave Loading: (percentage of annual leave)	<input type="text"/>	Sick Leave: (Days per annum)	<input type="text"/>
Long Service Leave:	<input type="text"/>	Years to qualify	<input type="text"/>	No. of weeks to be paid	<input type="text"/>
				Pro-Rata qualifying Period (years)	<input type="text"/>
Severance:	<input type="text"/>	Days per annum	<input type="text"/>	Flat Amount per annum	<input type="text"/>
Redundancy:	<input type="text"/>	Days per annum	<input type="text"/>	Flat Amount per annum	<input type="text"/>
Other:	<input type="text"/>	Specify Entitlement	<input type="text"/>	Days per annum	<input type="text"/>
					Flat Amount per annum
Other:	<input type="text"/>	Specify Entitlement	<input type="text"/>	Days per annum	<input type="text"/>
					Flat Amount per annum
Other:	<input type="text"/>	Specify Entitlement	<input type="text"/>	Days per annum	<input type="text"/>
					Flat Amount per annum

BENEFICIARY DETAILS

Surname:	<input type="text"/>	First Name:	<input type="text"/>
D.O.B:	<input type="text"/>	Relationship:	<input type="text"/>

Please note: This form can be photocopied for additional employees