



# Authorised officer's declaration.



This form should only be used by authorised officers of Hostplus Salarylink participating employers.  
Important: this form replaces any previous Authorised officer's declaration.

Employer name

Employer number (existing employers)

## 1 Declaration.

I, (full name of Executive Officer)

of, (address of employer)

Suburb

State

P/C

Telephone

Email

Occupation

In the state of

authorise the following individuals (each an Authorised Officer)  
to deal with Hostplus Superannuation on behalf of the Employer

1. (Full name and position)

Telephone

Email

2. (Full name and position)

Telephone

Email

3. (Full name and position)

Telephone

Email

4. (Full name and position)

Telephone

Email

and agree that:

- Hostplus is entitled to rely on a form, notice or other document signed by any one or more of those Authorised Officers as if it were duly executed by the Employer; and
- a notice given to an Authorised Officer will be deemed to have been validly served on the Employer.

**Please nominate one of the above officers to be the primary contact for:**

(1) Annual Review salaries

(2) Contribution remittances

I am duly authorised to make this declaration.

**Signature of Executive Officer**

**Date**

**Signed at**

By the Declarant in the presence of

**Signature of witness:**

**Date**

**Full name of witness**

**Specimen signature of officers named in above declaration**

1.

3.

2.

4.



It is important that you answer all questions on this form. In confidence when completed.



When you have completed this form please send it to: [hpdbadmin@hostplus.com.au](mailto:hpdbadmin@hostplus.com.au), alternatively a printed and signed form can be posted to Hostplus, Locked bag 5046, Parramatta NSW 2124