Contribution payment form

Superannuation contribution rate: is 9.5%.

Employer contribution: Total amount of Award and Superannuation Guarantee (SG) contributions.

Salary sacrifice contribution: The amount of salary sacrifice by a member or any additional employer contributions.

Member voluntary contribution: If a member makes additional personal contributions (post-tax).

Terminated: Check if employee has left your employ.

Please use **BLACK INK** to complete this form. If you are paying contributions for new members, you must complete the new member form overleaf.





Period from	Period to				
		If you don't indicate a period, the co	ontribution payment will be processed for	or the month immediately proceeding	g the receipt date.
Employer name				Employer number	
Employer address					
Town/Suburb/City			State	Postcode Contact	number
Member number Member name		Date of birth Terminated Emplo	oyer contribution Sa	lary sacrifice contribution	Member voluntary contribution
1			. \$		\$
2					
3					
4					
5					
6					
7					
8					
Privacy All personal and sensitive information of your employees is collected, used, stored and disclosed in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth) Existing member totals (totals from this page) (totals from this page)					
All personal and sensitive information of your employees is collected, used, stored and disclosed in accordance with the Australian Privacy Principles of the <i>Privacy Act 1988 (Cth)</i> . We only use the information for the purpose of administering their membership or related purposes. For further information about privacy or to obtain a free copy of our Privacy Policy, please visit our website www.primesuper.com or by contacting customer service on 1800 675 839, write to us at Locked Bag 5103, Parramatta, NSW 2124 or email us at administration@primesuper.com.au.		Mow mambar totala			\$
		(totals from reverse) \$	\$		\$
		= Grand total \$. +		+
· ·	IIS FORM Once completed please	return this form to us via mail, fax or email.	PAYMENT METHOD		1962
Mail Prima Sun	or Erecali	1800 675 830	Direct Dehit — you must also complete	ete a Direct dehit request form	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Locked Bag 5103 Parramatta NSW 2124 Fax 1800 023 662

Email administration@primesuper.com.au

If you have any questions about this form or Prime Super please call us on 1800 675 839 (8.00am to 8.00pm Monday-Friday Sydney time).

- Cheque made payable to Prime Super
- EFT Please use your employer no. as your reference when making your payment
- BPAY Biller code: 584573

Biller name: Prime Super Employer Contribution Ref: Please call us for your personal reference number





NEW MEMBERS All details must be completed for any new employees you are enrolling	with prime super who are not already members of the fund. If you have more than 3 new members, please photocopy this form.
Surname	Title Date of Birth (DDMMYYYY)
	Mr Mrs Miss Ms Dr
Given Names	Gender
Postal Address To	wn/Suburb/City State Postcode
Date started work (DDMMYYYY) Tax File Number	Notes
Employer contribution Salary sacrifice contribution Membe	r voluntary contribution
\$	
	T'II D. I. (D. II (D. III)
Surname	Title Date of Birth (DDMMYYYY)
Given Names	Gender
	Male Female
Postal Address To	wn/Suburb/City State Postcode
Date started work (DDMMYYYY) Tax File Number	Notes
	r voluntary contribution
\$	
Surname	Title Date of Birth (DDMMYYYY)
	Mr Mrs Miss Ms Dr
Given Names	Gender
	Male Female
Postal Address To	wn/Suburb/City State Postcode
Date started work (DDMMYYYY) Tax File Number	Notes
Employer contribution Salary sacrifice contribution Membe	r voluntary contribution
\$	Totalian, Solidarian
Ψ	
TOTAL Employer contributions TOTAL Salary sacrifice contributions TOTAL	Member voluntary contributions
\$	Please add amounts from all new members listed above.