## **Contribution Return**

Cheque number

Period from Period to CCAID (office use only) **Employer compulsory:** Total amount of Award and Superannuation Guarantee (SG) Contributions. Please use BLACK INK when completing this form. N/A N/A Attach cheque (made payable to Sunsuper Pty Ltd) **Salary sacrifice/Employer extra:** The amount of salary sacrifice by a member or any additional employer contributions. and mail to: Please indicate if contribution is for a different period. Member voluntary: If a member makes additional personal Sunsuper GPO Box 2924 Brisbane Qld 4001 Employer name **Employer number** contributions (post-tax). **Termination date:** Date a member leaves your employ. Please contact us on 13 11 84 for all other Customer Service Hotline: 13 11 84 Website: www.sunsuper.com.au leave without pay. Line Member ID Member name Date of birth Employer compulsory Salary sacrifice/Employer extra Member voluntary **Termination date** Dollars Cents Dollars Cents Dollars Cents d d m m у у у Existing member page totals Please make your requests or notes to us here (totals from this page) This amount to be written **Existing member totals** on attached cheque (totals from all pages) New member totals (totals from all pages) Cheque total **Grand totals** (20/20) 88 90

## **СЯЗВИЗМ МЭИ TUOBA NOITAMЯОЭИІ ТИАТЯОЧМІ**

## All details must be completed for any new employees you are enrolling with Sunsuper this period. A Membership Application Form (MAF) needs to be completed for each new member.

If you have more than 3 new members to advise, please photocopy this form.

## New Enrolments

Employer compulsory Employer extra/Salary sacrifice Member voluntary	slestos ageq snamlonna waN (avode basalq)
	* Indicates mandatory fields, all mandatory fields must be completed.
	OS neits sead OS neits and More than 20
	Date of hire (DD MM YYYY) Expected hours worked per week? Tax File Number
	Suburb / Town / City * Date of birth (DD MM YYYY)
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Notes	Title * Given names * Surname
	Yes No Male Female
Employer compulsory Employer extra/Salary sacrifice Member voluntary	Member number (if existing member of Sunsuper) If not existing member, is MAF attached? Gender
	* Indicates mandatory fields, all mandatory fields must be completed.
	OS nedt sead OS nedt anoM
	Date of hire (DD MM YYYY) Expected hours worked per week? Tax File Number
	(YYYY MM GI), frid * Dated * Postcode * Date of birth (DD MM YYYY)
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Notes	Title * Given names * Surname
Employer compulsory Employer extra/Salary sacrifice Member voluntary	Member number (if existing member of Sunsuper) If not existing member, is MAF attached? Gender Female Yes No Male Female
	* Indicates mandatory fields, all mandatory fields must be completed.
	OS nedt sead Nore than 20
	Date of hire (DD MM YYYY) Expected hours worked per week? Tax File Number
	(YYYY MM GI) Airth (Town \ City Postcode * Date of birth (DD MM YYYY)
	V
	Street address / PO Box
Notes	Title * Given names
Employer compulsory Employer extra/Salary sacrifice Member voluntary	Member number (if existing member of Sunsuper) If not existing member, is MAF attached? Gender Pemale Female