



Name: _____

SUPERANNUATION

| | | | |
|-------------------------------|--------------------------------|---|-------------------------------------|
| Name of Fund: _____ | Policy Number: _____ | Frequency of Payment <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly | Amount packaged: \$ _____ |
|-------------------------------|--------------------------------|---|-------------------------------------|

I have attached:

- Copy of my Superannuation statement – showing my member details. **(Employer or Commercial Funds)**

Important Notice regarding Privately Established Superannuation Funds.

If you have set up your own Superannuation Fund, please supply the following:

- Copy of Certificate showing your fund complies with APRA regulations;
- Bank details of your fund – ie. BSB and Account Number.

Please note we cannot process your application without these documents.

Employee's Signature _____

Date ____/____/____