Employer refund of contributions



Complete this form if you've made contributions in error for a member and are applying to have these contributions refunded. Note: if any part of the form is incomplete, there may be a delay in processing your application to refund the contributions.



Please complete in pen using CAPITAL letters and print (X) to mark boxes. Please complete a separate form for each member.

Business	detail	S																								
Business name																										
Australian Busin	ess Numb	oer (A	BN)			Em	ploy	er nu	mbe	r					1		Da	ytim	ne c	onta	act	num	ber			
Authorised cont	tact name	:																								
0 - "																										
2 Contribu	ution de	etails	5																							
Member name										_	_															_
Member numbe	r			7		Dat	te of	birth		.	1															
						D	D	M	М	Y	Υ	Y														
Original contr	ibution (detail	s																							
Date of origina	al contrib	ution		Amo	ount	of or	igina	ıl		Corr	ect o	cont	ribu	utio	า ar	nou	nt		An	าดนเ	nt to	o be	ref	und	led	
(dd/mm/yyyy)			Amount of original contribution (\$)									(\$)									(\$)					
Amended con	tributio	n deta	ails																							
Contribution				embe			Salar		E	mpl	oyeı												ase			
period SG end date amount										ddit amo	ı	TOTAL				Refund reason code				details of the administrative						
(dd/mm/yyyy)	(\$)			(\$)			(\$)			(\$)			(\$)		(s	ee k	elo	w)			er	ror		

Refund reason codes

- 1 The contribution was paid on behalf of the wrong employee.
- 2 The contribution was paid to the wrong fund.
- 3 The contribution was overpaid.

- 4 The member has a stapled fund.
- 5 Other please provide further details in the comments section above.

3 Payment instructions		
Account name (business bank account name)		
Name of bank/financial institution		
Branch	BSB number	
Account number	Date	
	D D M M Y Y Y	Υ
Email address (for refund confirmation)		
I am the member referred to in this application (set out in Section 2) and I authorise the amou AustralianSuper account. Sign here		
	Date	
<u></u>	DDMMYYY	Y
5 Business declaration		
I, (PRINT your full name)		
On behalf of (PRINT name of employer)		
Declare that I have read and understood all Business Acknowledgements below.		
 I confirm that I have the capacity and authority to request this refund and to sign this declar I also acknowledge that if the work involved exceeds 7.5 hours, charges may apply. 	aration on the business' behalf.	
I have read and understood the AustralianSuper privacy policy.		
Sign here	Date	

\	Dat	е						
_	D	D	М	М	Υ	Υ	Y	Y

Privacy Collection Statement

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