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 a separate form for each member.

1. BUSINE	SS DETAIL	.S					
Business name							
Australian Busir	ace Number (A	A RNI)	Emplo	yer number			
Australian Dusii	iess Number (A	ADIN)	Litipic	yer number			
Daytime contac	t number						
Authorised cont	act name						
2. CONTR	IBUTION D	ETAILS					
Member name							
				f1: 41			
Member numbe	er 		Date o	M M Y	YYY		
Date of initial co	ontribution			nt of initial cont			
D D M M	Y Y Y	Υ	\$				
Correct contribu	ition amount		Amou	nt to be refunde	ed		
\$			\$				
Contribution period end date (DD/MM/YYYY)	SG amount (\$)	Member voluntary amount (\$)	Salary sacrifice amount (\$)	Employer additional amount (\$)	TOTAL (\$)	Refund reason code (see below)	Please provide details of the administrative error

- 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 Y
Facil address (for refund confirmation)	
Email address (for refund confirmation)	
4. MEMBER AUTHORISATION (ONLY requ	ired if contribution was received in the previous financial year)
I am the member referred to in this application (set out in AustralianSuper account.	Section 2) and I authorise the amount to be deducted from my
Sign here	
	Date
	D D M M Y Y Y
	D D M M Y Y Y
5. BUSINESS DECLARATION	
5. BUSINESS DECLARATION I, (PRINT your full name)	D D M M Y Y Y
I, (PRINT your full name)	
I, (PRINT your full name)	
I, (PRINT your full name)	
I, (PRINT your full name) On behalf of (PRINT name of employer) Declare that I have read and understood all Business Act I confirm that I have the capacity and authority to requ	knowledgements below. uest this refund and to sign this declaration on the business' behalf.
I, (PRINT your full name) On behalf of (PRINT name of employer) Declare that I have read and understood all Business Act I confirm that I have the capacity and authority to require I also acknowledge that if the work involved exceeds	knowledgements below. uest this refund and to sign this declaration on the business' behalf. 7.5 hours, charges may apply.
I, (PRINT your full name) On behalf of (PRINT name of employer) Declare that I have read and understood all Business Act I confirm that I have the capacity and authority to requ	knowledgements below. uest this refund and to sign this declaration on the business' behalf. 7.5 hours, charges may apply.
I, (PRINT your full name) On behalf of (PRINT name of employer) Declare that I have read and understood all Business Act I confirm that I have the capacity and authority to require I also acknowledge that if the work involved exceeds	knowledgements below. uest this refund and to sign this declaration on the business' behalf. 7.5 hours, charges may apply.

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