Employer refund or correction of contributions

Business details

Authorised contact name

Australian Business Number (ABN)

Business name



Daytime contact number

Complete this form if you've made contributions in error for a member and are requesting to have these contributions refunded or corrected.



All fields on this form must be completed in full. If this form is incomplete, there may be a processing delay. Please complete in pen using CAPITAL letters and print (X) to mark boxes.

Employer number

2 Contribution deta	ails						
For refunds list the contribu	tions made and t	the refund am	nount requeste	ed.			
For corrections list the cont	-	_	•				
Please complete all fields an							a accidental to
NOTE: If the refund request Section 4 . Please only comp			•	us imanciai yea	ar, member au	thorisation is re	equired in
		tile relevant	THEITIDET.				
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		Member	Date of initial	Amount of initial	Correct contribution	Amount to be	Refund or correction
Member full name (surname, first name)	Member number	date of birth	contribution	contribution	amount	refunded	reason code to be selected
(surname, msc name)	number	(dd/mm/yyyy)	(dd/mm/yyyy)	(\$)	(\$)	(\$)	to be selected
Please provide any addition	al information rel	lating to the e	error if applica	ble.			

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Please post this completed form to AustralianSuper, GPO Box 1901, MELBOURNE VIC 3001 or upload a copy at australiansuper.com/upload-document

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