

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.

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## 1 Business details

Business name

Australian Business Number (ABN)  Employer number  Daytime contact number

Authorised contact name

## 2 Contribution details

Member name

Member number  Date of birth

### Original contribution details

Date of original contribution (dd/mm/yyyy)	Amount of original contribution (\$)	Correct contribution amount (\$)	Amount to be refunded (\$)

### Amended contribution details

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

### Refund reason codes

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1 The contribution was paid on behalf of the wrong employee.</li> <li>2 The contribution was paid to the wrong fund.</li> <li>3 The contribution was overpaid.</li> </ul> | <ul style="list-style-type: none"> <li>4 The member has a stapled fund.</li> <li>5 Other – please provide further details in the comments section above.</li> </ul> |
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