

New member advice

Notes for employers

When to complete this form

Please send this form to us within 7 days of the end of each contribution period.

How to send it

You can write or type the information onto this form, or you can extract it from your payroll system as a paper copy printout.

Where to send it

First State Super
PO Box 1229
Wollongong NSW 2500

Title

The possible selection includes Mr, Mrs, Ms, Miss, Dr.

Date of birth confirmed

Place **Y** (Yes) next to the date in the Date of Birth column if you have verified the member's date of birth having first seen an original certified copy of any of these documents:

- birth certificate, or
- passport, or
- certificate of Australian citizenship, or
- certificate of evidence of Australian residency, or
- current RTA photo drivers licence.

If you have not seen any of these documents, write **N** (No)

Tax file number (TFN)

If an employee has provided their TFN to you via their Employment Declaration, you must pass it on to First State Super.

Any other questions?

Check in your *Easy Reference Guide for Employers*, or contact the FSS Employer Relationship Officer on (02) 4298 6013. You can also email questions to FTC_Employer_Contact@pillar.com.au


Information and forms for employers are also on the First State Super website.

IMPORTANT: This form should only be completed by Scheduled, Participating and Default First State Super employers.

 **Return the completed form to First State Super PO Box 1229 WOLLONGONG NSW 2500**

If you have any enquiries please call Customer Service on **1300 650 873** between 8:30 am and 5:30 pm AEST from Monday to Friday for the cost of a local call (unless calling from a mobile or pay phone).

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 **If you need help with this form:** Contact Customer Service between 8:30 am and 5:30 pm AEST from Monday to Friday on **1300 650 873**

