



# FIRST STATE SUPER

FSS Trustee Corporation  
ACN 118 202 672 AFSL 293340

Employers — complete this form and send it with your data. Please use a *Remittance advice* form for remittances.

Please print clearly in **BLACK** ink.

## Data exchange

### Employer details

Employer name

Return address *(please include postcode)*

Suburb, Town, City

Postcode

Contact name

Contact phone number

Email address

Employer code

Pay period ending date

DD	/	MM	/	YY
----	---	----	---	----

Record count

Total value

\$

### Data

#### Disk details

Number of files

Name of file/s

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>