

Employer contributions and remittance advice for Personal Division members

This form should be completed by employers who wish to (or have been instructed to) make contributions to First State Super on behalf of employees. If they are not already members, these employees must join the First State Super Personal Division by completing the application form at the back of the Personal Division Product Disclosure Statement available from the First State Super website at www.firststatesuper.com.au or Customer Service on 1300 650 873.

Note for employers

When to complete this form

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

You can record the information required at **Section 3. Contribution details** on this form, attach your own payroll system report, or submit the information online through the Employer Services section on the website at www.firststatesuper.com.au. If you are completing the form manually and further space is required for your contribution details, you should photocopy the form and attach the additional pages or alternatively attach your own payroll system report.

Where to send your form

Section 2. Remittance details has particulars of where you should send your completed form.

Member number

All First State Super members are issued with a member number that should be used whenever you are submitting information about that particular member.

Employer code

You will be issued with an employer code following receipt of your first contribution, which should be used in all your communication with the Fund.

Enquiries

Information and forms for employers are on the First State Super website www.firststatesuper.com.au. If you have any questions or need further information, please call our Customer Service team on 1300 650 873 between 8.30 am and 5.30 pm from Monday to Friday (AEST) or email enquiries@firststatesuper.com.au

Please print clearly in black ink.

Note that items marked * are only required the FIRST time you complete this form or when details change.

1. Employers details

Employer name

Employer code

Approximate number of employees*

Postal address

Suburb

State

Postcode

Current default superannuation fund*

Email address

Daytime contact telephone number

