



## 2. Contribution details

How much do you want to have paid into your superannuation account directly from your pay?

% of my salary    OR    \$        (in whole dollars)

Frequency of contributions     Weekly     Fortnightly     Monthly  
(Cross  one box only)

Please deduct from     My after-tax pay     My before-tax pay  
(Cross  one box only)    (salary sacrifice)

If you are using this form to begin salary sacrifice deductions, please check with your payroll manager as you must first obtain your employer's consent to this arrangement and you may need to complete further documentation.

Before beginning to make salary sacrifice contributions you should seek financial advice from a licensed or authorised financial adviser to ensure that salary sacrifice is appropriate for your individual circumstances.

Any before-tax or acceptable after-tax contributions received from your employer on your behalf will be invested according to your current investment choice/s.

Signature

Date (DD-MM-YYYY)

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### Please give this form to your payroll manager

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).

## Information for employers

Payments should be made in accordance with your current procedures for submitting contributions and supporting documentation to First State Super.

If you are not currently making contributions to First State Super, note that you have a number of options for submitting data and making payments.

### Submitting data

- Online via the internet using First State Super's Employer Online facility.
- Manual (paper) returns - you must complete an *Employer contributions details* form (E FSS 001).

### Submitting payments\*

- Cheque made payable to "First State Super - Application Account"
- Electronic funds transfer (EFT) to  
First State Super - Application Account;  
Commonwealth Bank BSB No. 062000;  
Account Number 10226245
- Direct deposit to:  
First State Super - Application Account;  
Commonwealth Bank BSB No. 062000;  
Account Number 10226245

If you have any questions about the contribution procedure or membership requirements, please call Customer Service on 1300 650 873 or email [enquiries@firststatesuper.com.au](mailto:enquiries@firststatesuper.com.au)

\* A completed *Remittance advice* form (E FSS 006) must be sent to First State Super each time you make a payment, regardless of the payment option you are using. You can send the form by fax to 02 4298 6558 or by email to [cru@pillar.com.au](mailto:cru@pillar.com.au).