

Contributions by cheque

Use this form to make **non-concessional (personal after-tax) contributions** for yourself or your spouse. Valid non-concessional contributions will be invested in the investment strategy(ies) you have chosen for your future contributions or the default strategy if you have not made a choice.

Further information can be obtained from the current Product Disclosure Statement (PDS) relevant your division in the fund, which can be obtained from the website at www.firststatesuper.com.au or by contacting Customer Service on 1300 650 873.

Have you provided your tax file number (TFN) to First State Super?

Please note if you have not provided your TFN to the Fund, you should consider doing so prior to submitting this form and payment to First State Super. You can provide your TFN:

- online via the Member area of the First State Super website www.firststatesuper.com.au

- by contacting Customer Service and following the TFN prompts
- by downloading and completing the *Tax file number collection* form from the website. Your completed form should be sent to First State Super, PO Box 1229, Wollongong NSW 2500.

If we do not hold your TFN, we will be unable to accept any non-concessional contributions received from you and we may be required to deduct additional tax from your concessional (salary sacrifice and employer) contributions.

Caps on contributions

When making contributions to superannuation, you should consider the caps that apply to non-concessional and concessional contributions made in any one year. There are significant tax implications if these caps are exceeded. Refer to *Fact Sheet 1.1 Superannuation contributions and Fact Sheet 1.4 Salary sacrifice (before-tax) contributions* or the current *Product Disclosure Statement* for further information on the contribution caps, tax implications of exceeding the caps, and the transitional arrangements.

Please print clearly in black ink.

1. Member (account holder) details

Please insert your own details below if you are making a personal contribution to your own account, OR your spouse's details if you are making a contribution to your spouse's account.

Member number (if a member)	Title (Mr Mrs Ms Miss Dr)	Male	Female	Birth date
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Family name	<input type="text"/>			
Given name/s	<input type="text"/>			
Postal address	<input type="text"/>			
Suburb	State	Postcode		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Daytime contact telephone number	Mobile number			<input type="text"/>
<input type="text"/>	<input type="text"/>			<input type="text"/>
Email address	<input type="text"/>			

2. Details of person making the contribution

I am making a contribution to my own account (**go to Section 3**)

OR

I am making a contribution to my spouse's account (fill in your details)

Title (Mr Mrs Ms Miss Dr)	Male	Female	Birth date
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Family name	<input type="text"/>		
Given name/s	<input type="text"/>		

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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**

