

Contribution advice

(for Standard Employer Sponsors & Non-participating Employers)

Complete this form to provide details of contributions made for employees.



Return this completed form by:

EMAIL

employers@maritimesuper.com.au

FAX

(02) 9261 3683

POST

Maritime Super
Locked Bag 2001
QVB Post Office NSW 1230

Employer details

Maritime Super Employer ID Business Name Phone number

Contribution details

EMPLOYEE 1 - Full name **Maritime Super Member Number** **For the pay period:** / / to / /

Type of contribution	Contribution amount
<input type="checkbox"/> SG contribution	\$ <input type="text"/>
<input type="checkbox"/> Other employer contribution	\$ <input type="text"/>
<input type="checkbox"/> Before-tax contribution	\$ <input type="text"/>
<input type="checkbox"/> Member (after-tax) contribution	\$ <input type="text"/>
<input type="checkbox"/> Spouse contribution	\$ <input type="text"/>
<input type="checkbox"/> Child contribution	\$ <input type="text"/>

→ Provide details about the person receiving the contribution (if not Employee 1 listed above):

→ Member name
 Maritime Super Member # Date of birth / /

EMPLOYEE 2 - Full name **Maritime Super Member Number** **For the pay period:** / / to / /

Type of contribution	Contribution amount
<input type="checkbox"/> SG contribution	\$ <input type="text"/>
<input type="checkbox"/> Other employer contribution	\$ <input type="text"/>
<input type="checkbox"/> Before-tax contribution	\$ <input type="text"/>
<input type="checkbox"/> Member (after-tax) contribution	\$ <input type="text"/>
<input type="checkbox"/> Spouse contribution	\$ <input type="text"/>
<input type="checkbox"/> Child contribution	\$ <input type="text"/>

→ Provide details about the person receiving the contribution (if not Employee 2 listed above):

→ Member name
 Maritime Super Member # Date of birth / /

EMPLOYEE 3 - Full name **Maritime Super Member Number** **For the pay period:** / / to / /

Type of contribution	Contribution amount
<input type="checkbox"/> SG contribution	\$ <input type="text"/>
<input type="checkbox"/> Other employer contribution	\$ <input type="text"/>
<input type="checkbox"/> Before-tax contribution	\$ <input type="text"/>
<input type="checkbox"/> Member (after-tax) contribution	\$ <input type="text"/>
<input type="checkbox"/> Spouse contribution	\$ <input type="text"/>
<input type="checkbox"/> Child contribution	\$ <input type="text"/>

→ Provide details about the person receiving the contribution (if not Employee 3 listed above):

→ Member name
 Maritime Super Member # Date of birth / /

Company Name or Maritime Super Employer ID

▶ Contribution details

EMPLOYEE 4 - Full name **Maritime Super Member Number** **For the pay period:** / / to / /

Type of contribution	Contribution amount	
<input type="checkbox"/> SG contribution	\$ <input type="text"/>	
<input type="checkbox"/> Other employer contribution	\$ <input type="text"/>	
<input type="checkbox"/> Before-tax contribution	\$ <input type="text"/>	
<input type="checkbox"/> Member (after-tax) contribution	\$ <input type="text"/>	
<input type="checkbox"/> Spouse contribution	\$ <input type="text"/>	→ Provide details about the person receiving the contribution (if not Employee 4 listed above):
<input type="checkbox"/> Child contribution	\$ <input type="text"/>	→ Member name <input type="text"/>
		Maritime Super Member # <input type="text"/> Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>

EMPLOYEE 5 - Full name **Maritime Super Member Number** **For the pay period:** / / to / /


Type of contribution	Contribution amount	
<input type="checkbox"/> SG contribution	\$ <input type="text"/>	
<input type="checkbox"/> Other employer contribution	\$ <input type="text"/>	
<input type="checkbox"/> Before-tax contribution	\$ <input type="text"/>	
<input type="checkbox"/> Member (after-tax) contribution	\$ <input type="text"/>	
<input type="checkbox"/> Spouse contribution	\$ <input type="text"/>	→ Provide details about the person receiving the contribution (if not Employee 5 listed above):
<input type="checkbox"/> Child contribution	\$ <input type="text"/>	→ Member name <input type="text"/>
		Maritime Super Member # <input type="text"/> Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>

▶ Employer's declaration

I confirm that the contribution details are correct.

Indicate how you will be paying your contributions:

<input type="checkbox"/> Attach a cheque for	\$ <input type="text"/>			
<input type="checkbox"/> Deposit by EFT the amount of	\$ <input type="text"/>	into Maritime Super's account on	<input type="text"/> / <input type="text"/> / <input type="text"/>	Reference # <input type="text"/>
<input type="checkbox"/> Pay by BPAY the amount of	\$ <input type="text"/>	into Maritime Super's account on	<input type="text"/> / <input type="text"/> / <input type="text"/>	CRN # <input type="text"/>

Authorised Officer's signature 

Date / /



CONTRIBUTION PAYMENT OPTIONS:

Direct deposit

BSB 083-001
Account number 17-072-2401
Account name Maritime Super
Reference Maritime Super Employer ID & company name

BPAY

Log on to your banking site, then quote the BPAY Biller Code (102012) and your Customer Reference Number (CRN) and enter the contribution amount.

Privacy statement: Maritime Super collects your personal information to effectively administer your superannuation account and respond to your requests. The Fund takes all reasonable steps to protect your privacy and the confidentiality of your personal information but may disclose your personal information to other parties, such as the Administrator, insurers, service providers, or as required by law. The Trustee and Maritime Financial Services Pty Limited (MFS) (the Administrator) are bound by the 'Australian Privacy Principles' prescribed in the Privacy Act 1988 which regulate how the Trustee and MFS may collect, use and disclose members' details. Information about how Maritime Super uses and discloses the personal information that you provide is contained in the Trustee's Privacy Policy. To access this Policy visit the website at www.maritimesuper.com.au or to access your personal details call Member Services on 1800 757 607.

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