FIRST SUPER
putting members *first*

An Industry SuperFund

CONTRIBUTION ADVICE

BPAY Biller Code : **102194**

Customer Reference No. :

Payment Period :

é é ./é é ./é é é . **to** é é ./é é ./é é é .

Employer Number :

Date Issued :

Ceased Employment ? ⇩

Mbr. No.	Member Name	Birthdate	Wks	Employer	Personal	Sal Sacrifice	Total	✓
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
New Mbr		/ /		$	$	$	$	
Details:	Address :				TFN :		Started : / /	
New Mbr		/ /		$	$	$	$	
Details:	Address :				TFN :		Started : / /	
New Mbr		/ /		$	$	$	$	
Details:	Address :				TFN :		Started : / /	

THIS IS NOT AN INVOICE. Please make cheque payments to : FIRST SUPER. You must pay for the weeks actually worked by employees. Payment is due on the last day of each period you are registered for (monthly/quarterly). **Please send completed form to the address below.**

Page Total	$
Grand Total	$

***** I AM SATISFIED THAT ALL THE INFORMATION PROVIDED HERE IS CORRECT ******

Notes :