FIRST SUPER

putting members *first*

EMPLOYER CONTRIBUTION ADVICE

Please complete the advice and return to
PO Box 666 **CARLTON SOUTH** Vic 3053

First Super Pty Ltd ABN 42 053 498 472 ~ AFSL No. L223988

Member Number	Member Name	Birth date	No. Wks	Contribution Components $			Total $
				Employer	Sal. Sacrifice	Mbr. Personal	

THIS IS NOT AN INVOICE. Please make cheque payments to : **FIRST SUPER**
You must pay for the weeks actually worked by your employees. Payments are due by the last day of each period you are registered for (monthly or quarterly).

Page Total $

Grand Total $

*** **I HAVE CHECKED THE INFORMATION PROVIDED HERE AND AM SATISFIED THAT THESE MEMBER DETAILS ARE CORRECT** ***

EMPLOYER DETAILS

Name :

Street :

City : **State :** **Postcode :**

PAYMENT PERIOD / / - / /

EMPLOYER NUMBER

Call 1300 360 988 or **Fax** 1300 362 899 for a local call cost.