

# Employer Contribution Refund Request Form



Use this form where an employer is requesting a refund of contributions paid to First Super in error.

Please complete ALL current employer details in Section 1, followed by the relevant member details in Section 2 and employment status in section 3. Sections 4 and 5 must then be completed to provide the required employer declaration and member authority, together with the contribution details in Section 6.

## Section 1 | Employer details

Employer Name

ABN / CAN

Contact Phone Number

Contact Name

Contact Email address

Employer Address

Town/Suburb/City

State

Postcode

## Section 2 | Member details

Member Full Name

Member number (if known)

Date of birth (DD/MM/YYYY)

Member Residential address

Town/Suburb/City

State

Postcode

Email address (personal if known)

Telephone (home)

Telephone (work)

Mobile

## Section 3 | Employment Status Confirmation

Is the employee still actively employed by your company?

**Yes** – The member is currently employed and has completed *Section 4 (Member Authority)* of this form.

**No** – The contribution error was identified after the employee's employment ceased and the member is unable to complete *Section 4 (Member Authority)* of this form.

### Important – Where “No” is Selected

First Super is unable to refund contributions that have been allocated to a member account without the member's consent.

Where the former employee is unable to complete Section 4, First Super will attempt to contact the member directly to obtain their authority on your behalf. Contact attempts will be made as follows:

- Initial contact via mail and email
- Two follow-up attempts via email

These attempts will be made within a 30-day period.

If no response is received from the member within 45 days of initial contact, the case will be closed. At that point, the matter will become one between the employer and the former employee, and First Super will be unable to take further action.

## Section 4 | Employer Declaration

I,  (Contact Name)  
of  (Employer Name),  
request a refund of the contributions listed below which were incorrectly paid to First Super in respect of the following employee:  
 (Member Name).

I confirm that these contributions were made in error and request that they be refunded to the employer.

Please sign here

Date (DD/MM/YYYY)

Name (print)

## Section 5 | Member Authority

I,  (Member Name)

confirm that the contributions listed below were paid by my employer to First Super in error and I consent to these contributions being refunded to my employer. I acknowledge that following the refund of these contributions, my First Super account will be closed and no superannuation benefits or insurance cover will be provided in respect of this account.

Please sign here

Date (DD/MM/YYYY)

Name (print)

## Section 6 | Contribution Details to be Refunded


Date Paid	Contribution Type (SGC, Salary Sacrifice, Member Voluntary etc.)	Amount

### Important Information – SuperStream Refund Process

Under SuperStream legislation, superannuation contributions must be returned to the original source where a refund is required. Accordingly, any approved refund will be paid back to the originating clearing house facility or payment source used to make the contribution.

Once the refund has been processed by First Super, you may need to liaise directly with your clearing house provider to retrieve the refunded amount.

### Please return this completed form by:

 Email your form and any other supporting document(s) to: [employers@firstsuper.com.au](mailto:employers@firstsuper.com.au)

 Alternatively, you can mail this to us at the following address:  
**First Super, PO Box 666, Carlton South, VIC 3053**

### Want to know more? We're here to help.

 1300 943 171

 [employers@firstsuper.com.au](mailto:employers@firstsuper.com.au)

 [firstsuper.com.au](http://firstsuper.com.au)