

Contribution Form

Use this form to make a contribution to your First Super account.



While there are no limits on how much you can contribute to your account, there are limits on the amount you can contribute in the most tax-effective manner. See www.firstsuper.com.au/contribution-limits/ for more information on contribution caps.

Section 1 | Your personal details

Title	Member number	Account number (if known)	Date of birth (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname				
<input type="text"/>				
Given name(s)				
<input type="text"/>				
Residential address				
<input type="text"/>				
Town/Suburb/City			State	Postcode
<input type="text"/>			<input type="text"/>	<input type="text"/>
Postal address <input type="checkbox"/> (Tick box if same as above)				
<input type="text"/>				
Town/Suburb/City			State	Postcode
<input type="text"/>			<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (work)	Mobile		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email address				
<input type="text"/>				

Section 2 | Tax File Number (TFN)

My TFN is:

First Super is required by law to ask you to provide your Tax File Number for superannuation and taxation purposes. If First Super does not have your TFN, we will be unable to accept this contribution.

Cheque or BPAY®

Cheque

Make payable to First Super Pty Ltd and mail to:

First Super
PO Box 666
Carlton South VIC 3053

BPAY®

Call us on **1300 360 988** to obtain your Client Reference Number.



Biller Code: 102194
Ref:

Telephone & Internet Banking – BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account.
More info: www.bpay.com.au

Amount of your payment

\$

Once paid, email or mail this form to First Super.

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Electronic Funds Transfer (EFT)

If making an EFT payment you **MUST** include your EFT reference. Your EFT reference is your Member number, your initial and surname. Failure to provide your EFT reference may result in misallocation of funds.

Amount of your payment

First Super Bank Account Details

Account name

Bank Name

BSB number

Account number

If making an EFT payment please email or mail us a copy of this form to notify us of your contribution.

Employer payroll deductions

Complete this section only if you wish to make contributions by payroll deductions.

Once complete, **return this form to your employer.**

A) My payroll deduction is:

☐ Before tax **or** ☐ After tax

B) My pay period is:

☐ Weekly ☐ Fortnightly ☐ Monthly

C) The amount I would like deducted from my pay is:

Declaration

By signing this form, I confirm that I have fully read and understand the information available about contribution caps on the First Super website or Member PDS. I also understand that if I contribute above the relevant cap amount that there may be tax consequences which First Super will not be responsible for. I acknowledge that First Super can provide me with financial advice about contribution caps and how they apply to me and I have either received financial advice from First Super or have otherwise decided not to seek financial advice before making a contribution.

Please sign here

Date (DD/MM/YYYY)

Please return this completed form by:

 First Super, PO Box 666, Carlton South, VIC 3053


 mail@firstsuper.com.au

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

 1300 360 988

 firstsuper.com.au

 mail@firstsuper.com.au

 Download the First Super app
to manage your account

