

Refund of contributions

Use this form if you have made contributions in error for a member and wish to have these contributions refunded. Please use a dark pen and CAPITAL letters.
 Insert (X) when you have to choose an option. You can also fill in this form online and email it to us. The form is on our website.

i Please complete a separate form for each member

1. Employer details

Employer name

Employer code Daytime contact number

Employer contact name

2. Contribution details

Member number Member name Date of birth (DD-MM-YYYY)

Contribution period ended	SG amount (\$)	Member voluntary amount (\$)	Salary sacrifice amount (\$)	TOTAL (\$)	Error code (see below)

3. List of error codes

- A The contribution was paid on behalf of the wrong employee.
- B The contribution was paid to the wrong fund.
- C The contribution was overpaid.
- D Other – please provide details below:

4. Payment instruction

Account name (must include your business name)

BSB number Account number EFT reference

Email (for refund confirmation)



5. Employee authorisation (required if contribution was received more than 12 months ago)

I am the member referred to in this application (set out in **section 2**) and I authorise the amount to be deducted from my First State Super account.

Signature

Date (DD-MM-YYYY)

6. Privacy

The personal information you provide on this form is collected by and held for First State Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering your account and providing you with services associated with your fund membership.

For further information about how your personal information is handled, please phone us on 1300 650 873 or visit firststatesuper.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

7. Employer declaration

I confirm that I have the capacity and authority to request this refund and to sign this declaration on the employer's behalf.

By making this declaration, I hereby acknowledge and agree that where the value of unit prices have decreased during the period between the payment and the claim, the amount refunded may be less than the contributed amount.

By making this declaration I further acknowledge and agree that the employer is fully accountable to the trustee for any matters arising out of the claim and agree the employer shall indemnify the trustee against all costs, expenses and any other sums incurred arising out of the payment or administration of this claim or where a refund is found to have been paid improperly or is disputed by a member regardless of whether or not the member's right to the contribution is established.

I have read and understood the First State Super privacy policy.

I, (PRINT your full name)

on behalf of (PRINT name of)

declare that I have read and understand all **Section 7 Employer declarations**.

Signature

Date (DD-MM-YYYY)



Please sign and date form here.



Send the form to this address.

8. Where to send your completed form

Email the completed form to [\\$MAS_FSS_Refunds@mercero.com](mailto:$MAS_FSS_Refunds@mercero.com) or post it to **First State Super PO Box 1229 WOLLONGONG NSW 2500**. For more information and to make online enquiries visit firststatesuper.com.au or call us on **1300 650 873** Monday to Friday **8.30 am to 6.00 pm AEST**.