



CONTRIBUTION RETURN ADVICE

OFFICE USE ONLY

Batch #:

Company Name _____	
Address _____	
Phone _____	Employer Number (if known) _____
Email _____	

How to complete this Contribution Return Advice

Please enter details of your employees along with their superannuation contribution in the spaces below. Please complete as much as possible; **minimum requirements are the Employee's Full Name, Date of Birth, Date Joined Employer and Residential Address.**

Please Note: When providing us with an employee's tax File Number (TFN) ensure you have the employee's prior consent.

Upon completion please ensure you have filled in the 'Payment Period' and 'Payment Total' boxes below, and your company details above, then send your cheque for the payment total to:

**Club Super
PO Box 2239
MILTON QLD 4064**

Payment Period: _____	to	_____	Payment Total: \$ _____
MM / YY		MM / YY	

First Name _____		Surname _____		Gender (M/F) _____	Member Number (if known) _____		
Address _____					Date of Birth _____		
					Tax File Number _____		
Date Joined Employer	Date Ceased	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL	Number of Weeks
/ /	/ /	\$	\$	\$	\$	\$	

First Name _____		Surname _____		Gender (M/F) _____	Member Number (if known) _____		
Address _____					Date of Birth _____		
					Tax File Number _____		
Date Joined Employer	Date Ceased	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL	Number of Weeks
/ /	/ /	\$	\$	\$	\$	\$	

First Name _____		Surname _____		Gender (M/F) _____	Member Number (if known) _____		
Address _____					Date of Birth _____		
					Tax File Number _____		
Date Joined Employer	Date Ceased	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL	Number of Weeks
/ /	/ /	\$	\$	\$	\$	\$	

	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL
Page Totals	\$	\$	\$	\$	\$

First Name		Surname		Gender (M/F)	Member Number (if known)		
Address					Date of Birth		
					Tax File Number		
Date Joined Employer	Date Ceased	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL	Number of Weeks
/ /	/ /	\$	\$	\$	\$	\$	

First Name		Surname		Gender (M/F)	Member Number (if known)		
Address					Date of Birth		
					Tax File Number		
Date Joined Employer	Date Ceased	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL	Number of Weeks
/ /	/ /	\$	\$	\$	\$	\$	

First Name		Surname		Gender (M/F)	Member Number (if known)		
Address					Date of Birth		
					Tax File Number		
Date Joined Employer	Date Ceased	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL	Number of Weeks
/ /	/ /	\$	\$	\$	\$	\$	

First Name		Surname		Gender (M/F)	Member Number (if known)		
Address					Date of Birth		
					Tax File Number		
Date Joined Employer	Date Ceased	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL	Number of Weeks
/ /	/ /	\$	\$	\$	\$	\$	

First Name		Surname		Gender (M/F)	Member Number (if known)		
Address					Date of Birth		
					Tax File Number		
Date Joined Employer	Date Ceased	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL	Number of Weeks
/ /	/ /	\$	\$	\$	\$	\$	

	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL
Page Totals	\$	\$	\$	\$	\$

	Employer	Additional Employer	Salary Sacrifice	Member Voluntary	TOTAL
Contribution Totals	\$	\$	\$	\$	\$

Employers that contribute monthly – payment due by 14th of month after the month you are making a payment in respect of. Please complete the return and forward it to reach the address shown below by 14th of the month after the month you are making a payment in respect of.

Employers that contribute quarterly – payment due by 28th of month after the quarter you are making a payment in respect of. Please complete the return and forward it to reach the address shown below by 28th of the month after the quarter you are making a payment in respect of.

Please note that under Federal Government Law, any “Member Voluntary” contribution deducted from the member’s pay must be received by Club Super within 28 days of the end of the month in which the deduction is made. Failure to do so may result in a penalty between \$5,500 and \$55,000.

Need more information? There are instructions on how to complete the return over the page. If you require further assistance, have a question about the Fund or require additional supplies of Fund stationery, please telephone 1300 369 330.