

Contribution Remittance Advice

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

SECTION 1		EMPLOYER DETAILS	
Employer name	<input type="text"/>		
State/Region/Branch	<input type="text"/>	Employee/Payroll no.	<input type="text"/>
Pay period	Start date <input type="text"/>	End date <input type="text"/>	<input type="text"/>
The contribution allocation	<input type="checkbox"/> Has been sent by e-mail spreadsheet on (date) <input type="text"/>		
	<input type="checkbox"/> Is shown in SECTION 4 (on the reverse of this form)		

SECTION 2 CONTRIBUTION BREAKDOWN

Separate payments should be made for each ESSSuper fund shown below. If you are making payment by cheque, you should send a separate cheque (made payable to ESSSuper) for the total payment for each ESSSuper fund. For EFT payments, you should make a separate deposit for the total payment for each ESSSuper fund. The respective bank accounts for each ESSSuper fund are shown on the left hand side the page.

ESSS DEFINED BENEFIT FUND	
BSB: 033-001	<input type="checkbox"/> Defined Benefit Member \$ <input type="text"/>
Account: 151047	<input type="checkbox"/> Defined Benefit Employer \$ <input type="text"/>
Name: ES DB	<input type="checkbox"/> Defined Benefit Salary Sacrifice \$ <input type="text"/>
Reference: Reporting Centre Number*	Total \$ <input type="text"/>
Payment made by	<input type="checkbox"/> Cheque (attached) OR <input type="checkbox"/> EFT remittance date <input type="text"/>

STATE SUPER DEFINED BENEFIT (NEW, REVISED, TRANSPORT, OR SERB SCHEME)	
BSB: 033-001	<input type="checkbox"/> Defined Benefit Member \$ <input type="text"/>
Account: 100581	<input type="checkbox"/> Defined Benefit Employer \$ <input type="text"/>
Name: SSF	<input type="checkbox"/> Defined Benefit Salary Sacrifice \$ <input type="text"/>
Reference: Reporting Centre Number*	Total \$ <input type="text"/>
Payment made by	<input type="checkbox"/> Cheque (attached) OR <input type="checkbox"/> EFT remittance date <input type="text"/>

ACCUMULATION PLAN	
BSB: 033-001	<input type="checkbox"/> Accumulation Plan Superannuation Guarantee \$ <input type="text"/>
Account: 870017	<input type="checkbox"/> Accumulation Plan Member Contributions \$ <input type="text"/>
Name: ES Accum	<input type="checkbox"/> Accumulation Plan Salary Sacrifice \$ <input type="text"/>
Reference: Reporting Centre Number* or the individual Member Number	Total \$ <input type="text"/>
Payment made by	<input type="checkbox"/> Cheque (attached) OR <input type="checkbox"/> EFT remittance date <input type="text"/>

* A Reporting Centre Number will be allocated to you when you first apply to send contributions through to ESSSuper. If you are unsure of your Reporting Centre Number please call our Member Contact Centre on 1300 655 476.

SECTION 3

AUTHORISATION

I acknowledge and agree that all information provided to ESSSuper will be treated in accordance with the provisions of the *Information Privacy Act 2000*. I have read and accept the statements relating to privacy appearing in the privacy statement found on the ESSSuper website www.esssuper.com.au and available in writing on request from the Member Contact Centre.

Signature of authorised officer

Date / /

Name of authorised officer

Telephone

()

SECTION 4

REMITTANCE DETAILS

Member number Date of birth / /

Member full name

Contribution type and value	Superannuation Guarantee Contributions	Member Contributions (after tax)	Salary Sacrifice Contributions (before tax)
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Member number Date of birth / /

Member full name

Contribution type and value	Superannuation Guarantee Contributions	Member Contributions (after tax)	Salary Sacrifice Contributions (before tax)
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Member number Date of birth / /

Member full name

Contribution type and value	Superannuation Guarantee Contributions	Member Contributions (after tax)	Salary Sacrifice Contributions (before tax)
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Note: If additional space is required for additional advice of contributions, please photocopy this form and attach the additional details.

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001
 T 1300 650 161 (emergency services members) 1300 655 476 (state super members) | F 1300 766 757 | www.esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Information Privacy Act 2000 (Vic)* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at www.esssuper.com.au