

# Contribution remittance advice

## FREEDOM OF CHOICE EMPLOYER SPONSORED SUPERANNUATION PLAN

Please complete in blue or black ink, using BLOCK letters



Please accept contributions as follows for the period from   /   /    to   /   /

Employer name

Employer number

<b>Office Use</b>	
Member No:	
Amount:	
Receipt No:	
Date:	Initis:

Employee Member number.	Employee's name (Surname first)	Paid by employer			Member Voluntary	Terminated members	
		Award/SGC	Additional Employer	Salary Sacrifice		Date d/m/y	Reason Eg. Retirement
<b>Totals</b>							

Cheque attached \$

Note that contributions deducted from Members' after tax wages must by law be paid to the Trustee within 28 days of the end of the month of deduction.

***Cheques should be made payable to: 'National Nominees - Freedom of Choice' and marked 'Not negotiable'***

**PHOTOCOPIES OF THIS FORM ARE ACCEPTABLE. IF MORE CONVENIENT, THIS INFORMATION CAN BE SUPPLIED IN YOUR OWN FORMAT (EG. EXCEL SPREADSHEET, ETC).**  
 The Trustee has determined that it cannot be expected to know whether employers have made all contributions due and payable to the Plan. The total employer contributions made in respect of each employee during the year are shown on the employee member statements.