Contribution remittance advice

FREEDOM OF CHOICE CORPORATE SUPERANNUATION

Please complete in blue or black ink, using BLOCK letters

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

Office Use

Member No:

Amount:

Receipt No:

Date: Inits:

Employer name

Employer number

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
	Totals						

Amount contributed via EFT/Direct Debit $

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 are no longer accepted by FoC Corporate Superannuation

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.

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