



**EMPLOYEE B**

Member Number (if already a member)

Date of Birth (DDMMYYYY)

Tax File Number

Occupation

Date Joined Employer (DDMMYYYY)

Annual Salary

\$

Surname

Title

Mr  Mrs  Miss  Ms  Dr

Given Names

Gender

Male  Female

Residential Address

Suburb/City/Town

State

Postcode

Phone Number

Fax Number

Mobile Number

Email

**CONTRIBUTION DETAILS**

Employer Period – Start Date

End Date (if applicable)

Employer Contribution

\$

Salary Sacrifice

\$

Member Voluntary Contribution

\$

**EMPLOYER DECLARATION**

I confirm the above details are true and correct

Full Name

Employer Signature

Date (DDMMYYYY)

**WHERE TO SEND THIS FORM**

Once completed please return this form to us via mail, fax or email.

**Mail** Prime Super  
Locked Bag 5103  
Parramatta NSW 2124

**Freecall** 1800 675 839

**Fax** 1800 023 662

**Email** administration@primesuper.com.au

If you have any questions about this form or Prime Super please call us on **1800 675 839** (8.00am to 8.00pm Monday-Friday Sydney time).

