

# Contribution Payment Form

Superannuation Contribution rate is 9%



Please use BLACK INK to complete this form. If you are paying contributions for new members, you must complete the new member form overleaf. Please mail completed form to Prime Super PO Box 2229 Wollongong NSW 2500 or fax to 1800 023 662. Enquiries: Customer Service Centre on 1800 675 839 Email: [administration@primesuper.com.au](mailto:administration@primesuper.com.au) Web: [www.primesuper.com.au](http://www.primesuper.com.au)

Period from

Period to

If you don't indicate a period the contribution payment will be processed for the month immediately preceding the receipt date.

Employer name

Employer number

Employer address

Contact number

Employer contribution: Total amount of Award and Superannuation Guarantee (SG) Contributions.

Salary sacrifice contribution: The amount of salary sacrifice by a member or any additional employer contributions.

Member voluntary contribution: If a member makes additional personal contributions (post-tax).

Terminated: Check if employee has left your employ.

	Member no	Member name	Date of birth	Terminated	Employer contribution		Salary sacrifice contribution		Member voluntary contribution	
					Dollars	Cents	Dollars	Cents	Dollars	Cents
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										

**Payment Method**

Direct Debit - you must also complete a direct debit request form

Cheque - made payable to Prime Super

EFT - Please use your employer no. as your reference when making your payment

BPAY -Biller code: 584573  
 Biller name: Prime Super Employer Contribution  
 Ref: Please call us for your personal reference number

Existing member page totals (totals from this page)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Existing member totals (totals from all pages)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
+ New member totals (totals from all pages)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
= Grand totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prime Super (ABN 60 562 335 823) is a Regulated Superannuation Fund issued by Prime Super Pty Ltd (ABN 81 067 241 016, AFSL 219723, RSE Licence No. L0000277)

TOTAL

# New Members

## IMPORTANT INFORMATION ABOUT NEW MEMBERS

All details must be completed for any new employees you are enrolling with Prime Super who are not already members of the fund.  
If you have more than 4 new members, please photocopy this form.

Title	Given names	Surname	Male	Female	Employer contribution	Salary sacrifice contribution	Member voluntary contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address					Notes		
<input type="text"/>							
Suburb / Town / City	State	Postcode	Date of birth (DD MM YYYY)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date started work (DD MM YYYY)			Tax File Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given names	Surname	Male	Female	Employer contribution	Salary sacrifice contribution	Member voluntary contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address					Notes		
<input type="text"/>							
Suburb / Town / City	State	Postcode	Date of birth (DD MM YYYY)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date started work (DD MM YYYY)			Tax File Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given names	Surname	Male	Female	Employer contribution	Salary sacrifice contribution	Member voluntary contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address					Notes		
<input type="text"/>							
Suburb / Town / City	State	Postcode	Date of birth (DD MM YYYY)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date started work (DD MM YYYY)			Tax File Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given names	Surname	Male	Female	Employer contribution	Salary sacrifice contribution	Member voluntary contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address					Notes		
<input type="text"/>							
Suburb / Town / City	State	Postcode	Date of birth (DD MM YYYY)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date started work (DD MM YYYY)			Tax File Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**New member totals**  
(please add amounts from all new members listed above)

Employer contribution	Salary sacrifice contribution	Member voluntary contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>