



Contribution payment form

Use this form if you are not making contributions online.

Please read this information before you complete the form

All employers must be making online contributions to comply with SuperStream. Prime Super offers online facilities and a clearing house to help you make your contributions. If you need assistance with making online contributions please contact us on 1800 675 839.

Please complete in pen using BLOCK letters. If you are paying contributions for new members, you must complete the new member form overleaf.

Period from Period to If you don't indicate a period, the contribution payment cannot be processed.

Employer name Employer number

Employer address

Town/Suburb/City State Postcode

Contact number

	Member number	Member name	Date of birth (DD/MM/YYYY)	Terminated Y/N	Employer contribution	Salary sacrifice contribution	Member voluntary contribution
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Privacy

I understand that the personal information collected is for purposes outlined in Prime Super's Privacy Statement. The information is only used for the purpose of administering fund membership or related purpose.

Further information about privacy can be found in the Prime Super Privacy statement at primesuper.com.au or by contacting the fund.

Existing member totals (totals from this page)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
+ New member totals (totals from reverse)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
= Grand total	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Payment Method

Cheque – made payable to Prime Super (only available to employers with less than 20 employees)

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

BPAY – Biller code: 584573

Ref: Please call us for your personal reference number

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 3 new members, please photocopy this form.

Surname	Given names	Title	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	Town/Suburb/City		
<input type="text"/>	<input type="text"/>		
Date joined employer (DD/MM/YYYY)	Tax File Number	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer contribution	Salary sacrifice contribution	Member voluntary contribution	
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Notes			
<input type="text"/>			

Surname	Given names	Title	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	Town/Suburb/City		
<input type="text"/>	<input type="text"/>		
Date joined employer (DD/MM/YYYY)	Tax File Number	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer contribution	Salary sacrifice contribution	Member voluntary contribution	
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Notes			
<input type="text"/>			

Surname	Given names	Title	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	Town/Suburb/City		
<input type="text"/>	<input type="text"/>		
Date joined employer (DD/MM/YYYY)	Tax File Number	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer contribution	Salary sacrifice contribution	Member voluntary contribution	
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Notes			
<input type="text"/>			

Total Employer contributions	Total Salary sacrifice contributions	Total Member voluntary contributions
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Please add amounts from all new members listed above.

Return this form to us via mail or email

mail: Prime Super
Reply Paid 85860
PARRAMATTA NSW 2124
No stamp required

email: administration@primesuper.com.au
visit: primesuper.com.au
call: 1800 675 839