

Contribution Adjustment/Refund Request

This form should be used by an employer seeking a refund or adjustment on a contribution advice for contributions already paid to Maritime Super in respect of a member. Under superannuation law, only contributions made under a 'mistake' can be refunded or adjusted for the benefit of another member.

Complete, sign and return this form by **fax to (02) 9261 3683 or (03) 9686 0377**.

Alternatively, you may post this form to Maritime Super, Locked Bag 2001, QVB Post Office NSW 1230.

Employer Details

Employer's Business Name

Registered Address

Contact Name

Position

Maritime Super Employer ID

Email Address

Phone Number

Contributions to be adjusted/refunded

Detail the contribution(s) you request to be refunded or allocated for the benefit of another employee member. If the amounts are to be allocated for the benefit of another member, the adjustment can be noted on your contribution remittance advice.

Date of Contribution	Member Number	Member Name	Amount
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>

Detail the 'mistake' made and the reason you require the refund/reallocation of the contribution.

Indicate whether the amounts are to be refunded or used for the benefit of other employee member(s).

Refunded by cheque made payable to the employer

Reallocated to other member(s)/credited against current contribution advice

Employer's Declarations and Authorisation – note that this form MUST be signed by an Authorised Officer of the employer

I confirm that the contributions detailed above were made by mistake by the employer to Maritime Super.

I confirm that the information provided in this form is true and correct.

I request the Trustee of Maritime Super refund or adjust the contributions (as noted).

Authorised Officer's Signature

Name

Date

Privacy information and consents

Personal information is collected from or in respect of you and your employee(s) to enable Maritime Super to administer your (or your employees') benefits. If you do not supply the required information, we may not be able to do so (and may be unable to action your requests). We may disclose this personal information to a number of parties, such as the administrator of the Fund, Maritime Super's professional advisers, insurer(s) and service providers, as required by law and/or as authorised by you. You may be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access or have a complaint, please contact Member Services on 1800 757 607.