

Non-participating Employer – Contribution Advice

This form may be used by authorised officers to set out the details of contributions made for employee members.

Complete, sign and return this form by fax to (03) 9686 0377 or post to Maritime Super, Locked Bag 2001, QVB Post Office NSW 1230.

Maritime Super's bank account details:

Bank: National Australia Bank
 Account Name: Maritime Super
 BSB: 083 001
 Account Number: 57954 3660
 Reference: Maritime Super Employer ID and Employer's Name

Employer Details

| | | | |
|--------------------------|----------------------|----------------------------|----------------------|
| Employer's Business Name | <input type="text"/> | Maritime Super Employer ID | <input type="text"/> |
| Registered Address | <input type="text"/> | Authorised Officer's Name | <input type="text"/> |
| Email Address | <input type="text"/> | Phone Number | <input type="text"/> |

Contribution Details

Employee Member 1

| | | | | | |
|------------------------------|----------------------|-----------------------|----------------------|---------------|----------------------|
| Maritime Super Member Number | <input type="text"/> | Full Name of Employee | <input type="text"/> | Date of Birth | <input type="text"/> |
|------------------------------|----------------------|-----------------------|----------------------|---------------|----------------------|

| | | | |
|--|----------------------|---|----------------------|
| Type of contribution - please tick (✓) one | Contribution amount | | Contribution amount |
| <input type="checkbox"/> Superannuation Guarantee contributions | <input type="text"/> | <input type="checkbox"/> Spouse contributions (specify below) | <input type="text"/> |
| <input type="checkbox"/> Other Employer contributions | <input type="text"/> | <input type="checkbox"/> Child contributions (specify below) | <input type="text"/> |
| <input type="checkbox"/> Before-tax (salary sacrifice) contributions | <input type="text"/> | <input type="checkbox"/> Other contributions (specify below) | <input type="text"/> |
| <input type="checkbox"/> Personal (after-tax) contributions | <input type="text"/> | | |

If the contribution is being made for a spouse, child or another person, please specify details for the Member receiving the contribution:

| | | | | | |
|------------------------------|----------------------|--------------------------------------|----------------------|---------------|----------------------|
| Maritime Super Member Number | <input type="text"/> | Maritime Super Member's Account Name | <input type="text"/> | Date of Birth | <input type="text"/> |
|------------------------------|----------------------|--------------------------------------|----------------------|---------------|----------------------|

Employee Member 2

| | | | | | |
|------------------------------|----------------------|-----------------------|----------------------|---------------|----------------------|
| Maritime Super Member Number | <input type="text"/> | Full Name of Employee | <input type="text"/> | Date of Birth | <input type="text"/> |
|------------------------------|----------------------|-----------------------|----------------------|---------------|----------------------|

| | | | |
|--|----------------------|---|----------------------|
| Type of contribution - please tick (✓) one | Contribution amount | | Contribution amount |
| <input type="checkbox"/> Superannuation Guarantee contributions | <input type="text"/> | <input type="checkbox"/> Spouse contributions (specify below) | <input type="text"/> |
| <input type="checkbox"/> Other Employer contributions | <input type="text"/> | <input type="checkbox"/> Child contributions (specify below) | <input type="text"/> |
| <input type="checkbox"/> Before-tax (salary sacrifice) contributions | <input type="text"/> | <input type="checkbox"/> Other contributions (specify below) | <input type="text"/> |
| <input type="checkbox"/> Personal (after-tax) contributions | <input type="text"/> | | |

If the contribution is being made for a spouse, child or another person, please specify details for the Member receiving the contribution:

| | | | | | |
|------------------------------|----------------------|--------------------------------------|----------------------|---------------|----------------------|
| Maritime Super Member Number | <input type="text"/> | Maritime Super Member's Account Name | <input type="text"/> | Date of Birth | <input type="text"/> |
|------------------------------|----------------------|--------------------------------------|----------------------|---------------|----------------------|

Employer's Declaration

I/We confirm that the contribution details are correct and that I/we have (tick one option):

| | | |
|--|----------------------|--|
| <input type="checkbox"/> Attached a cheque for | <input type="text"/> | |
| <input type="checkbox"/> Deposited the amount of | <input type="text"/> | into Maritime Super's National Australia Bank account with the reference |
| | | <input type="text"/> (specify reference) |
| | | <input type="text"/> on (specify date) |

| | | | |
|--------------------------------|----------------------|------|----------------------|
| Authorised Officer's Signature | <input type="text"/> | Date | <input type="text"/> |
|--------------------------------|----------------------|------|----------------------|

Employer's Business Name

Maritime Super Employer ID

Employee Member 3

Maritime Super Member Number Full Name of Employee Date of Birth / /

| | | | |
|--|-------------------------|---|-------------------------|
| Type of contribution - please tick (✓) one | Contribution amount | | Contribution amount |
| <input type="checkbox"/> Superannuation Guarantee contributions | <input type="text"/> \$ | <input type="checkbox"/> Spouse contributions (specify below) | <input type="text"/> \$ |
| <input type="checkbox"/> Other Employer contributions | <input type="text"/> \$ | <input type="checkbox"/> Child contributions (specify below) | <input type="text"/> \$ |
| <input type="checkbox"/> Before-tax (salary sacrifice) contributions | <input type="text"/> \$ | <input type="checkbox"/> Other contributions (specify below) | <input type="text"/> \$ |
| <input type="checkbox"/> Personal (after-tax) contributions | <input type="text"/> \$ | | |

If the contribution is being made for a spouse, child or another person, please specify details for the Member receiving the contribution:

Maritime Super Member Number Maritime Super Member's Account Name Date of Birth / /

Employee Member 4

Maritime Super Member Number Full Name of Employee Date of Birth / /

| | | | |
|--|-------------------------|---|-------------------------|
| Type of contribution - please tick (✓) one | Contribution amount | | Contribution amount |
| <input type="checkbox"/> Superannuation Guarantee contributions | <input type="text"/> \$ | <input type="checkbox"/> Spouse contributions (specify below) | <input type="text"/> \$ |
| <input type="checkbox"/> Other Employer contributions | <input type="text"/> \$ | <input type="checkbox"/> Child contributions (specify below) | <input type="text"/> \$ |
| <input type="checkbox"/> Before-tax (salary sacrifice) contributions | <input type="text"/> \$ | <input type="checkbox"/> Other contributions (specify below) | <input type="text"/> \$ |
| <input type="checkbox"/> Personal (after-tax) contributions | <input type="text"/> \$ | | |

If the contribution is being made for a spouse, child or another person, please specify details for the Member receiving the contribution:

Maritime Super Member Number Maritime Super Member's Account Name Date of Birth / /

Employee Member 5

Maritime Super Member Number Full Name of Employee Date of Birth / /

| | | | |
|--|-------------------------|---|-------------------------|
| Type of contribution - please tick (✓) one | Contribution amount | | Contribution amount |
| <input type="checkbox"/> Superannuation Guarantee contributions | <input type="text"/> \$ | <input type="checkbox"/> Spouse contributions (specify below) | <input type="text"/> \$ |
| <input type="checkbox"/> Other Employer contributions | <input type="text"/> \$ | <input type="checkbox"/> Child contributions (specify below) | <input type="text"/> \$ |
| <input type="checkbox"/> Before-tax (salary sacrifice) contributions | <input type="text"/> \$ | <input type="checkbox"/> Other contributions (specify below) | <input type="text"/> \$ |
| <input type="checkbox"/> Personal (after-tax) contributions | <input type="text"/> \$ | | |

If the contribution is being made for a spouse, child or another person, please specify details for the Member receiving the contribution:

Maritime Super Member Number Maritime Super Member's Account Name Date of Birth / /

NOTE: SINCE THIS FORM IS FOR NON-PARTICIPATING EMPLOYERS, IT IS PROBABLY WORTH INSERTING INFORMATION REGARDING BPAY ON THIS FORM AS A PAYMENT OPTION FOR THESE EMPLOYERS – TO BE DISCUSSED

Privacy information and consents

Personal information is collected from or in respect of you 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.