legalsuper

legalsuper.com.au

Employer contribution form

Please use **BLOCK LETTERS** and **BLACK INK** when completing this form.
This request will be invalid if unsigned by the employer.

Return this completed form to:

legalsuper
Locked Bag 5081
Parramatta NSW 2124
Phone: 1800 060 312
Fax: 1800 614 431
Email: mail@legalsuper.com.au

1. Employer details

legalsuper employer number

Employer name

Postal address/PO Box

Town or Suburb

State

Postcode

2. Employer contact details

Employer contact name

Telephone number (business hours)

Facsimile number

Mobile number (if applicable)

Email

3. Contribution details

Contributions for the period from (dd/mm/yyyy) to (dd/mm/yyyy)

Existing members

Employee name (please list in alphabetical order)	legalsuper member number	Employer amount (SGC) or award $	Additional employer $	Salary sacrifice $	Member voluntary $	**Total $**

New members

For each new employee, please also attach a completed legalsuper membership application form.

This form is included in the Product Disclosure Statement which can be downloaded from the legalsuper website at www.legalsuper.com.au or by calling 1800 060 312.

Total all members $						

LEGS 32237

4. Employees leaving your service

These employees will not be included in your future contribution returns.

1. Employee name

legalsuper member number

Last date of employment (dd/mm/yyyy)

Date of birth (dd/mm/yyyy)

Postal address

Town or Suburb

State Postcode

Telephone number (home)

2. Employee name

legalsuper member number

Last date of employment (dd/mm/yyyy)

Date of birth (dd/mm/yyyy)

Postal address

Town or Suburb

State Postcode

Telephone number (home)

3. Employee name

legalsuper member number

Last date of employment (dd/mm/yyyy)

Date of birth (dd/mm/yyyy)

Postal address

Town or Suburb

State Postcode

Telephone number (home)

4. Employee name

legalsuper member number

Last date of employment (dd/mm/yyyy)

Date of birth (dd/mm/yyyy)

Postal address

Town or Suburb

State Postcode

Telephone number (home)

5. Declaration

I hereby declare that I am authorised to provide this information.

Signature

on behalf of:

Date (dd/mm/yyyy)