



Refund or Reclassify Contributions Form

Return this completed form to:

Please complete this form to request a refund or reclassification of a contribution made in error. This form can also be used by employers and needs to be signed by the primary contact on the employer's account. Please complete a separate form for each employee.

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

Please note: all refund or reclassification requests are subject to Legal Super Pty Ltd as trustee (**Trustee**) of legalsuper being satisfied that the contribution was made in error.

Please use **BLOCK letters and black ink** when completing this form. This request will be invalid if

unsigned. Insert X when you have to choose an option.										
SECTION 1										
	Contribution amount/s \$									
Employer details	Contribution type/s									
Employer name	Super guarantee (SG) Member voluntary									
	Employer additional (non SG) Salary sacrifice									
legalsuper employer number										
	SECTION 2									
Australian Business Number (ABN)										
	CHOOSE FROM ONE OF THE OPTIONS BELOW AND COMPLETE THE REQUIRED DETAILS:									
Primary contact person										
	1. Refund the contribution									
	Note: The final refunded amount may be adjusted for negative									
Postal address	investment earnings, tax or expenses incurred by the Trustee. If approved, the payment will be returned via EFT to the following									
1 Ostal dadless	bank account:									
	Bank / Financial institution name									
Town or Suburb										
	Bank account name (must be in the business name)									
State Postcode										
Contact number	BSB number									
Email	Account number									
	Note: For refund requests of \$5,000 payments or more, or over									
20 1 1 2 2	12 months old, we require a bank statement evidencing the									
Member details	contribution made.									
legalsuper membership number	OR									
	2. Reclassify the contribution on the									
Surname	member's super account:									
	-									
Given names	Contribution period (dd/mm/yyyy)									
	to									
Date of birth (dd/mm/yyyy)										
	Super guarantee contribution: \$,									
Continuis details	super guarantee continuation. \$\psi\$									
Contribution details Contribution Method	Salary sacrifice contribution: \$,									
Contribution Metriod	Marshau valushau (afhau hay aanhiila shi an) (
EFT Bpay Cheque Direct debit Clearing house	Member voluntary (after tax contribution): \$,									
Contribution date (dd/mm/yyyy)										
Contribution period (dd/mm/yyyy)										
to										

LEGS 8430



SECTION 3

INDICATE THE MOST RELEVANT REASON THAT RELATES TO THE CONTRIBUTION ERROR: there was a clerical, administrative or computer error the payment was made to the wrong employee or the wrong fund on behalf of the member the member was overpaid their entitlements the member is not entitled to super guarantee contributions Other (Trustee approval will be required). Please provide an explanation below and provide any supporting documentation:

Note: The following will not satisfy the requirements for a contribution to be refunded or reclassified:

- · a change of mind
- a mistake about the tax consequences of making a contribution (e.g. the member did not know they would breach the contribution cap limit)
- incorrect or ill-conceived knowledge or financial advice was received which led to the contribution being made (e.g. the member's financial advisor erroneously suggested they make the contribution)
- lack of understanding about the consequences of paying to a superannuation fund (e.g. that the payment would be preserved)
- a refund is requested to recover debts owed by the member

Note: A request for refund or reclassification will not be possible where the member is no longer with legalsuper or has insufficient funds in their legalsuper account.

SECTION 4

Privacy

Please note that by sending legalsuper personal information about yourself, you are agreeing to the following:

- That you have read the legalsuper privacy statement and understand how legalsuper intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
- 2. That legalsuper can use it for the purposes of running your superannuation account.

If you have any questions about your rights under the privacy legislation, please call legalsuper on **1800 060 312** (8am to 8pm [AEST] Monday to Friday) or visit **legalsuper.com.au**

SECTION 5

Member declaration

If the contribution request for a refund or reclassification relates to a payment that is over 12 months old or was \$5,000 or more, the legalsuper member must approve the following:

- I confirm that the payment to my legalsuper account was made in error as specified above.
- By completing this approval, I consent to the above adjustment being made to my legalsuper account and I understand that this adjustment may reduce or otherwise change my account balance and may affect investment earnings and insurance cover I have in place with legalsuper.
- I certify to the best of my knowledge all information given on this form is true and correct.

Member name														
Member's signature														
Date (dd/mm/yyyy)														

SECTION 6

Employer declaration

For a contribution request for a refund or reclassification, the employer must declare the following:

- I confirm that I have capacity and authority to complete this form to request a refund or reclassification of a payment and to sign this declaration
- I agree that the employer is fully accountable to the trustee for any
 matters arising out of this claim and the employer will indemnify the
 trustee against all costs, expenses and any other sums incurred
 arising from the administration of this claim.
- I agree that the payment was made in error as specified above and request that legalsuper make the above changes.
- I certify to the best of my knowledge all information given on this form is true and correct.

Employer primary contact name														
Employer primary contact signature														
Date (dd/mm/yyyy)														

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