



VicSuper FutureSaver advice form – new members, contributions & cessation

When completing this form, please ensure you use all capital letters eg and check boxes with a cross eg

Information for employers

- Please use this form to advise the Fund of:
 - contributions to your employees' VicSuper FutureSaver accounts (complete Steps 1 and 2)
 - details of new VicSuper FutureSaver members (complete Steps 1 and 3)
 - VicSuper FutureSaver members who have terminated employment with you (complete Steps 1 and 2).
- If you are deducting personal (ie after tax) contributions from an employee's salary or wages, these should be sent to the Fund by the 28th day of the month after the month of deduction.
- Without an employee's tax file number (TFN), the Fund cannot accept non-concessional contributions into that employee's VicSuper FutureSaver account and must tax all concessional contributions (eg superannuation guarantee) for members at the top marginal tax rate plus the Medicare levy.
- Please note there are caps on concessional and non-concessional contributions. Please see the *VicSuper FutureSaver Product Disclosure Statement* for more information.

Step 1: Complete your details and certify this form

Would you prefer to do this electronically?

- VicSuper EmployersOnline is a free and secure online administration tool on the VicSuper website that allows you to submit all the details on this form electronically. Plus, VicSuper EmployersOnline lets you choose your preferred payment method, whether it's through direct debit, BPAY[®] or EFT.
- To sign up contact our Employer Helpline on **1300 878 737**.

Employer name	<input type="text"/>
Employer address	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Employer number	<input type="text"/>
Employer ABN	<input type="text"/>
Pay period start date	<input type="text"/>
Pay period end date	<input type="text"/>
Phone number	<input type="text"/>
Fax number	<input type="text"/>
Email	<input type="text"/>

*(You receive your employer number when you submit the first payment to the Fund.
To sign up as a participating employer, please complete our online Employer Application form at employers.vicsuper.com.au/vicsuper/employer/Registration)*

When you provide your email address, we'll send you all communications including your regular Employer Update via email.

Step 1: (continued)
Complete your details
and certify this form

This certification must be made by your Human Resources/Payroll Officer or his/her authorised delegate.

- I certify that the information provided on this form is true and correct.
- I acknowledge that in all cases there is a superannuation guarantee obligation for each of the new members listed.
- I also certify that I am authorised to supply the Fund with this information.

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 2: Provide contribution or termination of employment details

Member number	Payroll number	Member details				Termination date <i>(if applicable)</i>	Contribution type (\$)		
		Surname	Given name(s)	Date of birth	Employer SG		Member	Salary sacrifice	Additional employer
						Sub-total	\$	\$	\$
						TOTAL REMITTANCE			
							\$	\$	\$

SG – superannuation guarantee compulsory employer (concessional) contributions
 Member – member’s personal after-tax (non-concessional) contributions
 Salary sacrifice – pre-tax employer (concessional) contributions
 Additional employer – employer (concessional) contributions above the compulsory current SG rate

Step 3: Complete details of new VicSuper members

Member number	Name	Address details	Other details
	Title	Residential	Date of birth
Payroll number	Surname	Postal <i>(if different from residential)</i>	Tax file number
	Given name(s)	Email	Start date
	Title	Residential	Date of birth
Payroll number	Surname	Postal <i>(if different from residential)</i>	Tax file number
	Given name(s)	Email	Start date

Please provide your employees’ email addresses so they can receive their welcome pack electronically.

Step 4: Send your form to VicSuper

Send your completed form to: **VicSuper, GPO Box 89 Melbourne VIC 3001**

FSS Trustee Corporation, ABN 11 118 202 672, AFSL 2933540. The trustee of the First State Superannuation Scheme ABN 53 226 460 365.

