



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

Employer address

Postcode

Employer number

Employer ABN

Pay period start date

Pay period end date

Phone number

Fax number

Email

*(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"/>

