

# Contributions Return Form.



## What's this form for?

Each time you make contributions for your employees, you need to complete and return this to us so we know who gets which amount, what kind of contribution it is, and how to tax them. Please keep a copy of this form for your records.

## A few tips for you.

If you are a Virgin Super employer and you are filling out your monthly or quarterly contributions, and one of your employees has recently changed their name, please forward a certified copy of the following documentation:

1. A marriage, deed poll, change of name or divorce certificate, or ATO advice, PLUS
  2. A birth or marriage certificate, bank statement, driver's license, passport and/or current bill with current address.
- Use blue or black pen
  - Print within the boxes in clear BLOCK LETTERS
  - Please use  not
  - Make sure you complete all relevant sections before sending us this application, otherwise we may not be able to process it
  - Don't forget to include your autograph where required

## STEP 1 YOUR MEMBERSHIP DETAILS

Virgin Super Employer Number (if applicable)	<input type="text"/>	Virgin Super Employer Contact Name	<input type="text"/>
Payment period	from: <input type="text"/> to: <input type="text"/>	Date issued	<input type="text"/>
Telephone	<input type="text"/>		

## STEP 2 YOUR PAYMENT OPTIONS

<input type="checkbox"/>	Date paid	<input type="text"/>	Amount paid	\$ <input type="text"/>
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You can make your payment through your bank or credit union from your nominated account, (sorry, no credit card accounts). Simply quote the code: 81133 and your designated employer reference number.

**Pay by cheque** – Please make your cheque payable to **Virgin Super**, attach it to this form and post it to our Customer Care Team, Virgin Super, Reply Paid 1489, Wollongong NSW 2500. Please supply a cover letter with the member details and the payment allocation type with your cheque. Don't forget to state whether the payment is Super Guaranteed Contribution, Member Voluntary or Salary Sacrifice. Please do not write on the back of the cheque.

**Direct Debit** – Send us a completed Direct Debit Request Form which can be downloaded from [virginmoney.com.au](http://virginmoney.com.au).

**Note:** for payment by or Direct Debit, please complete details overleaf and FAX us a remittance advice on 1300 882 327. Alternatively, email this to us at [expert@virginsuperannuation.com.au](mailto:expert@virginsuperannuation.com.au)

### OFFICE USE ONLY

Start date	<input type="text"/>	End date	<input type="text"/>	Amount	\$ <input type="text"/>	Date received	<input type="text"/>
MBR	<input type="text"/>	Page total	\$ <input type="text"/>	Amended page total	\$ <input type="text"/>		

## STEP 3 CONTRIBUTION DETAILS

Please include details for all eligible employees for whom you are making Superannuation Guarantee Contributions. This may include:

### New employees who are not members

If an employee is not already a member of Virgin Super, please list their full name, address, date of birth and their Tax File Number (where you have authorisation) together with the payment details on this contribution return.

### New employees who are existing members

If your new employee is already a member of Virgin Super, ask him/her to provide their Member Number. Please list their Member Number, full name, address and date of birth, together with the payment details on this Contribution Return Form.

### Deleting members/last payment for members

If any of the employees listed did not work for you in the payment month, please cross out the info, or if the employee is receiving their last payment, please advise the date of the termination.

## STEP 4 YOUR AUTHORISATION

I confirm that the details provided are true and correct and that I am authorised to provide this information.

Signature	<input type="text"/>	Date	<input type="text"/>
(If signing for a company, sign and print full name and capacity for signing, for example: director)			
Full name	<input type="text"/>	Title	<input type="text"/>

# Contributions Return Form.



Customer Care Team  
Virgin Super, Reply Paid 1489,  
Wollongong DC, NSW 2500



1300 652 770  
8am – 6pm (EST)  
Monday – Friday  
if you need any help.

Prepared by Virgin Money Financial Services Pty Ltd ABN 51 113 285 395, AFSL 286869 for Trust Company Superannuation Services Limited ABN 49 006 421 638, AFSL 235153, RSE L0000635 as Trustee for Virgin Super ABN 88 436 608 094, SFN 511 661 052, SPIN TCS0005AU.



MEMBER NUMBER	GIVEN NAME	FAMILY/SURNAME	ADDRESS	EMAIL ADDRESS	DOB D/M/Y	WEEKS – CEASE OR START DATE	EMPLOYER CONTRIBUTIONS \$	EMPLOYEE VOLUNTARY \$	SALARY SACRIFICE \$	SPOUSE CONTRIBUTIONS \$	TOTAL \$
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

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