

Initial contribution return

Use this form to make your first contributions to TWUSUPER.

If you have any questions about completing this form, please contact the Employer Service Team on **1800 241 877**, fax 1300 889 807 or email twusadmin@as.com.au

Issued without a PDS

Your contact details

(Please use CAPITAL LETTERS and a black pen)

Employer number (if known)	ABN
<input type="text"/>	<input type="text"/>
Employer name	<input type="text"/>
Employer contact person	<input type="text"/>
Employer address	<input type="text"/>
Suburb/Town/City	State Postcode
<input type="text"/>	<input type="text"/>
Telephone number	Facsimile number
<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>

Payment details

Initial contributions must be made by cheque payable to TWUSUPER.

Other payment methods can be used for future contributions. See the *Employer Information Booklet* for more information.

Contribution period:

From / / to / /

If you are making contributions for more than four employees, please copy the back page of this form as many times as you require, and attach those copies to the original form. Don't forget to include the **Total amount remitted**.

I intend to pay by:

BPAY EFT Cheque

Member contact details

Member number (if known)	Mr Mrs Miss Dr	Sex M/F	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Surname	<input type="text"/>		
Given names	<input type="text"/>		
Street/PO Box number	Street name	<input type="text"/>	
Suburb/Town/City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Member Tax File Number	<input type="text"/>		
Weeks	Award SG	Employer Extra	Member
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
			Total for this member
			\$ <input type="text"/>

Member number (if known)	Mr Mrs Miss Dr	Sex M/F	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname			
<input type="text"/>			
Given names			
<input type="text"/>			
Street/PO Box number	Street name		
<input type="text"/>	<input type="text"/>		
Suburb/Town/City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Member Tax File Number			
<input type="text"/>			
Weeks	Award SG	Employer Extra	Member
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
			Total for this member
			\$ <input type="text"/>

Member number (if known)	Mr Mrs Miss Dr	Sex M/F	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname			
<input type="text"/>			
Given names			
<input type="text"/>			
Street/PO Box number	Street name		
<input type="text"/>	<input type="text"/>		
Suburb/Town/City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Member Tax File Number			
<input type="text"/>			
Weeks	Award SG	Employer Extra	Member
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
			Total for this member
			\$ <input type="text"/>

Member number (if known)	Mr Mrs Miss Dr	Sex M/F	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname			
<input type="text"/>			
Given names			
<input type="text"/>			
Street/PO Box number	Street name		
<input type="text"/>	<input type="text"/>		
Suburb/Town/City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Member Tax File Number			
<input type="text"/>			
Weeks	Award SG	Employer Extra	Member
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
			Total for this member
			\$ <input type="text"/>

By making this initial contribution return, we acknowledge that there is an arrangement between us and the Trustee whereby we will contribute on behalf of the employees that we nominate such amount (subject to any award obligations) as we determine from time to time.	TOTAL
	\$ <input type="text"/>

 Send your completed form to: TWUSUPER, Locked Bag 5094, Parramatta NSW 2124