

EMPLOYER REQUEST FOR REFUND OR RECLASSIFICATION OF CONTRIBUTION

TEAM SUPER

TRANSPORT, ENERGY AND MINING

Use this form to request a refund or reclassification of a super payment you've made to an employee's Team Super account.

Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

1. Business details

Employer number

Company name

ABN

2. What do you need to change?

Please select one option:

Refund an employee's contribution - Please complete sections 1-5 and 7.

Reclassify an employee's contribution - Please complete sections 1-4, 6 and 7.

3. Employee whose super account this payment was allocated to

Member number

Given name/s

Surname

Date of birth (DD-MM-YYYY)

 - -

4. Your payment details

Pay period from date (DD-MM-YYYY)

 - -

Pay period to date (DD-MM-YYYY)

 - -

Total amount paid for the above mentioned employee

Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | teamsuper.com
Team Superannuation Fund | ABN 16 457 520 308
Team Super Pty Ltd (the Trustee) | ABN 70 003 566 989 | AFS licence 246864



5. Refund this payment

Only complete this section if we need to refund the employee's payment. You will be refunded the total amount paid in Section 4, subject to your employee completing the declaration below. We're unable to process partial refunds. If you need to pay a different amount to this employee, you'll need to make a new payment. You may need to make another payment to ensure your super obligations are met. Whilst we would usually refund the amount you paid, we reserve the right to pay you a reduced amount if the Fund has suffered a loss as a result of the refund. If the account has been closed, your refund request will be denied.

Complete the fields below to enable us to finalise your refund

Employer bank account name

Employer BSB number

Employer bank account number

Reason for refund

Employee's declaration

By signing below, I have no objection to the above adjustment being made to my Team Super account.

Employee name

Employee signature



Date (DD-MM-YYYY)

6. Reclassify this contribution

Only complete this section if we need to reclassify the employee's payment. The original contribution amount in Section 4 of this form comprised of:

Super Guarantee

\$

Salary sacrifice

\$

Member voluntary

\$

Reclassify the contribution to:

Super Guarantee

\$

Salary sacrifice

\$

Member voluntary

\$

(Please note the total amounts should match the payment amount listed in Section 4)

7. Employer's consent for Team Super to action this request

I agree that the payment outlined above was paid in error and request Team Super to make the above changes.

Company contact name

Company contact telephone

Company contact email address

Company contact signature



Date (DD-MM-YYYY)

When complete return this form to us by:

Post Team Super
Locked Bag 2020 Newcastle NSW 2300

Email help@admin.teamsuper.com