# **Contribution Form**

Use this form to make a contribution to your First Super account.



While there are no limits on how much you can contribute to your account, there are limits on the amount you can contribute in the most tax-effective manner. See **firstsuper.com.au** for more information on contribution caps.

Section 1 – Your personal details	
Title Member number Account number (if known)	Date of birth (DD/MM/YYYY)
Surname	
Given name(s)	
Residential address	
Town/Suburb/City Postal address (if different from above)	State Postcode
Town/Suburb/City	State Postcode
Telephone (home) Telephone (work)	Mobile number
Email	

## Section 2 – Tax File Number (TFN)

My TFN is

First Super is required by law to ask you to provide your Tax File Number for superannuation and taxation purposes. If First Super does not have your TFN, we will be unable to accept this contribution.

### Cheque or BPay

#### Cheque

Make payable to First Super Pty Ltd and mail to: First Super PO Box 666 Carlton South VIC 3053

#### **BPay**

Call us on **1300 360 988** to obtain your Client Reference Number.

\_\_\_\_

Biller Code	Client Reference Number
102194	

Amount of your payment

\$

Once paid, email or mail this form to First Super.

## **Electronic Funds Transfer (EFT)**

If making an EFT payment you <u>MUST</u> include your EFT reference. Your EFT reference is your Member number, your initial and surname. Failure to provide your EFT reference may result in misallocation of funds.

083-355	67-879-1379
BSB number	Account number
First Super	National Australia Bank
Account name	Bank name
First Super Bank Account Details	
\$	
Amount of your payment	

If making an EFT payment please email or mail us a copy of this form to notify us of your contribution.

#### **Employer payroll deductions**

Complete this section only if you wish to make contributions by payroll deductions.

Once comp	olete, <b>return this form to your employer.</b>		
A) My payr	oll deduction is:		
Before	e tax <b>or</b> After tax		
B) My pay	period is:		
Weekl	y Fortnightly Monthly		
C) The amo	ount I would like deducted from my pay is:		
\$			
Please sig	n here		
			Date (DD/MM/YYYY)
Pleas	e return this completed form by	Want to	to know more? We're here to help.
Mail	First Super	Call	1300 360 988
	PO Box 666 Carlton South VIC 3053	Email Website	mail@firstsuper.com.au e firstsuper.com.au
OR		Treboile	
Email	forms@firstsuper.com.au		

First Super Pty Ltd (ABN 42 053 498 472, AFSL 223988) as Trustee of the First Super superannuation fund (ABN 56 286 625 181) 1 July 2021.

## Important information regarding making additional contributions

Contribution type	Concessional	Non-concessional
Description	Contributions from before-tax income, or for which a tax deduction has been claimed.	Contributions from after-tax income.
Includes	> Employer contributions	> After-tax contributions
	<ul> <li>Salary sacrifice contributions</li> </ul>	> Spouse contributions.
	<ul> <li>Contributions for which a tax deduction has been claimed.</li> </ul>	
Tax on entering super	15%	0%

What are Concessional and Non-concessional contributions?

The contributions caps for the 2021/22 Financial Year are:

Contribution type	Concessional – Employer contributions*	Non-concessional*
Limit	<ul> <li>\$27,500 per year regardless of age.</li> <li>Where contributions are made below the cap, the balance will be carried forward to the next financial year. Unused amounts are available for up to 5 years, and will expire after this period.#</li> </ul>	<ul> <li>\$110,000 per year, or</li> <li>\$330,000 if triggering the bring forward rule and</li> <li>Total superannuation balance is less than \$1.7 million.</li> </ul>

If these caps affect you, or if you would like more information, please contact our Member Services Team on **1300 360 988** or **mail@firstsuper.com.au**. Alternatively, visit our website **firstsuper.com.au**.

\*Conditions apply. Please check with the Member Services Team or your financial advisor.

\*Applies from 1 July 2018 and if a member has a total superannuation balance of less than \$500,000.