Bendigo SmartStart Super®

Contribution Remittance Advice (for employer use only)

SandhurstTrustees

This form should be used to provide us with the details of any contributions being made to Bendigo SmartStart Super for your account or on behalf of your employees. You can also use this form to advise us of new or departing employees.

Please complete this form in **black** or **blue** ink using **CAPITAL LETTERS** and where provided, mark answer boxes with an **X**.

*Indicates a **mandatory field**. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Step 1 Employer details

Employer name

Employer phone ( )

Employer code

Contribution(s) is for period / / to / /

Step 2 Contribution details

Please make cheque payable to **"Bendigo SmartStart Super - <employee name or member number>".**

	Member number (if known)	Member surname*	Member given names*	Date of Birth*	Superannuation guarantee (SG)	Salary sacrifice (pre-tax salary)	Additional employer contributions	Member voluntary contributions	Total
1				/ /	$	$	$	$	$
2				/ /	$	$	$	$	$
3				/ /	$	$	$	$	$
4				/ /	$	$	$	$	$
5				/ /	$	$	$	$	$
6				/ /	$	$	$	$	$
7				/ /	$	$	$	$	$
8				/ /	$	$	$	$	$
9				/ /	$	$	$	$	$
10				/ /	$	$	$	$	$
				TOTAL CONTRIBUTIONS	**$**	**$**	**$**	**$**	**$**

Step 3 - New employees

Title | Surname

Given name(s)

Tax file number[1] | Date of birth / /

Residential Address

Town/Suburb | State | Postcode

Telephone ( ) | Mobile ( )

Email

Occupation

Date commenced employment / / | Active employment[2] Yes No

Title | Surname

Given name(s)

Tax file number[1] | Date of birth / /

Residential Address

Town/Suburb | State | Postcode

Telephone ( ) | Mobile ( )

Email

Occupation

Date commenced employment / / | Active employment[2] Yes No

Title | Surname

Given name(s)

Tax file number[1] | Date of birth / /

Residential Address

Town/Suburb | State | Postcode

Telephone ( ) | Mobile ( )

Email

Occupation

Date commenced employment / / | Active employment[2] Yes No

Title | Surname

Given name(s)

Tax file number[1] | Date of birth / /

Residential Address

Town/Suburb | State | Postcode

Telephone ( ) | Mobile ( )

Email

Occupation

Date commenced employment / / | Active employment[2] Yes No

Title | Surname

Given name(s)

Tax file number[1] | Date of birth / /

Residential Address

Town/Suburb | State | Postcode

Telephone ( ) | Mobile ( )

Email

Occupation

Date commenced employment / / | Active employment[2] Yes No

[1]Under the Superannuation Industry (Supervision) Act 1993, Sandhurst, is authorised to collect your employee's Tax File Number (TFN), which will only be used for legal purposes and in accordance with Sandhurst's privacy policy. If your employee has authorised you to provide their TFN to their super fund, then you must supply the TFN to Sandhurst as required by law. However, if you have not been authorised by your employee to supply their TFN, while it is not an offence for your employee not to quote their TFN, there may be consequences. Please refer to the 'How Super is taxed' section of the PDS about the consequences of not providing TFNs.

[2]By placing a tick in the yes box above, I declare that the employee is actively performing or capable of actively performing all of the duties and work hours of his or her usual occupation free from any limitation due to illness or injury for at least 30 hours per week. A person who is on employer approved leave for reasons other than illness or injury, who would otherwise be capable of performing their usual occupation, for at least 30 hours per week (free from any limitations due to illness or injury) will be considered as having met the Active Employment requirement. For further details refer to current Bendigo SmartStart Super Insurance Guide available at www.sandhursttrustees.com.au.

Step 4 - Ceased employees

Title Surname

Given name(s)

Date of birth / /

Residential Address

Town/Suburb State Postcode

Telephone ( ) Mobile ( )

Email

Date ceased employment / / Have all contributions been paid Yes No

Title Surname

Given name(s)

Date of birth / /

Residential Address

Town/Suburb State Postcode

Telephone Mobile

Email

Date ceased employment / / Have all contributions been paid Yes No

If you require additional space for new or ceased employees, please attach a new Contribution Remittance Form with the relevant Steps completed.

Step 5 Employer Signature

I/We have read and understood Bendigo and Adelaide Bank Group's Privacy Policy which is available at www.sandhursttrustees.com.au and agree that Sandhurst and Bendigo and Adelaide Bank Group may collect, use and disclose my/our personal information in accordance with the Privacy Policy.

*Authorised officer's signature

*Date / /

*Authorised officer's full name

*Position in company

Work phone ( )

Step 6 Bendigo Bank branch use only - do not complete if payment method is electronic

Payment method (mark answer boxes with an **X**)

Cash

Cheque Drawer

Bank BSB

BSB: 633 - 000 ACCOUNT NUMBER: 104971338

Branch Name

Branch No.

Staff Signature

Staff No.

Branch Staff: Take two photocopies of this form when completed and issue as follows:

- **Original - Forward to Bendigo SmartStart Super, GPO BOX 529, HOBART TAS 7001**
- **Photocopy 1 - Retain in your Branch records**
- **Photocopy 2 - Issue to client as a receipt of their transaction**

<Place your Branch Stamp here>

Special Instructions:

Please forward correspondence (with cheque if applicable) to:
Bendigo SmartStart Super
GPO Box 529, Hobart TAS 7001

Contact information:
Email: superannuation@bendigobank.com.au
Website: www.sandhursttrustees.com.au
Phone: 1800 033 426 Fax: (03) 6215 5800