Member Voluntary Contribution Form



Section 1: PER	SONAL E	DETAILS							
Surname:						Salutati	ion:		
Given Name(s):					Dat	te of Birth:	D D / N	M / Y	
Postal Address:									
Suburb:				State:			Postcode:		
Telephone (BH):			(AH):			Mobile:			
Email:						Membersh	nip Number:		
Do you intend to cla part of this contribut		uction under section	n 290-170(3) of t	ne Income Tax Asse	essment Ad	ct 1997 for	all or	Yes	No
Please note: if you in vary a deduction for the form. The ATO's	ntend on mal	per contributions for	m from the Aus	tralian Tax Office (A	TO). See at	o.gov.au fo	r more infor	mation and	l to obtain
Section 2: VO	LUNTARY	CONTRIBUTION	ON ELIGIBIL	.ITY					
If you are 75 years o	f age or ove	, you are unable to i	make a voluntar	y contribution to yo	our super.				
Section 3: CO	NTRIBUT	ION DETAILS							
I am making my cor	ntribution via	:							
EFT	6 1 1 1								
Bank Name: BSB: Account Numb Account Name Reference:	per:	ne below account. Bank of Queenslan 124 001 1101 0139 Equity Trustee Sup Member Number (erannuation Lim			eference)			
Contribution Amount:	\$		Date Paid:	D / M M /					
		erSolution account, our Biller Code and			left hand r	menu and (click on 'Mak	ke Contribut	tion'. You
Direct Debit For members v	who wish to	contribute via Direct	Debit, please co	omplete the Direct (Debit Requ	est form at	t <u>www.freedd</u>	omofchoice	e.com.au
Cheque Please make cl	heque payat	ole to 'AMG Super'.							
Section 4: DE	CLARATI	ON							
2. I understand tha	it the Goverr he contribut	on caps stipulated i	on the amount	that can be contrib	uted to sup	perannuati	on, and that	I have read	l
Member's						Date:	DD/N	M / Y	

Signature: