

Contribution Remittance Advice

Employer Superannuation Service



Please complete this form in BLOCK LETTERS using BLACK or BLUE pen only.

Section 1 – Employer Details

Employer / Company name	Contact name	Employer number
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Contact telephone	Contact email	
<input type="text"/>	<input type="text"/>	
Tick (✓) the method in which you have made this payment: <input type="checkbox"/> 1. BPAY <input type="checkbox"/> 2. Electronic Funds Transfer		
Please refer to the back of this form for payment options.		
Contribution period start	Contribution period end	Total amount
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>

Note: Contributions deducted from members after-tax wages must by law be paid to the Trustee within 28 days of the end of the month deduction.

Photocopies of this form are acceptable.

Section 2 – Contribution Details

Member number	Member name (surname first)	Paid by Employer				Total	Terminated Members	
		Super Guarantee	Employer Extra	Salary Sacrifice (before-tax)	Member (after-tax)		Ceased employment (✓) & Termination Date	
		\$	\$	\$	\$	\$	<input type="checkbox"/>	/ /
		\$	\$	\$	\$	\$	<input type="checkbox"/>	/ /
		\$	\$	\$	\$	\$	<input type="checkbox"/>	/ /
		\$	\$	\$	\$	\$	<input type="checkbox"/>	/ /
		\$	\$	\$	\$	\$	<input type="checkbox"/>	/ /
		\$	\$	\$	\$	\$	<input type="checkbox"/>	/ /
		\$	\$	\$	\$	\$	<input type="checkbox"/>	/ /
		\$	\$	\$	\$	\$	<input type="checkbox"/>	/ /

I certify that the information contained in this Contribution Remittance Advice is true and correct to the best of my knowledge.

Signature

Date

/ /

Payment Options

1. BPAY®

Freedom of Choice provides this service to our clients be they employers or members. When providing BPAY information please quote the BPAY Biller Code as 334375.

A BPAY reference number is also required for a BPAY payment. Please call **1800 806 013** or email enquiries@freedomofchoice.com.au to request the relevant Reference Number for your Participating employer or Employee/Member to be provided. The details will be confirmed by email.

Please note that this Contribution Remittance Advice (or a similar covering advice) **must be sent immediately by fax to 07 3899 7299 or email to enquiries@freedomofchoice.com.au.**

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2. Electronic Funds Transfer

Contributions can be made to the following account (you must include the employer number in the transaction description when making the EFT payment). **You must also send this Contribution Remittance Advice (or a similar covering advice) to enquiries@freedomofchoice.com.au or fax it to 07 3899 7299.**

BSB: 033-009
Account number: 103074
Bank: Westpac
Account name: FOC - Application Account

Letter of Compliance

Freedom of Choice (a sub-fund of The Executive Superannuation Fund) (the Fund) ABN 60 998 717 367 USI 60998717367001

	ABN	USI
Freedom of Choice Personal Retirement Service	60 998 717 367	ETS0002AU
Freedom of Choice Personal Superannuation Service	60 998 717 367	ETS0003AU
Freedom of Choice Employer Superannuation Service	60 998 717 367	FOC0001AU

To whom it may concern

On behalf of Equity Trustees Limited, Trustee of the Fund, I confirm that:

1. The Fund is a regulated superannuation fund as defined by the *Superannuation Industry (Supervision) Act 1993* (SIS), and is administered as a complying superannuation fund under Section 45 of SIS.
2. The Trust Deed governing the Fund allows benefits to be rolled over or transferred to other regulated superannuation funds and allows benefits to be transferred or rolled over into the Fund from other regulated superannuation funds.
3. Members of the Fund can usually only receive a preserved benefit from the Fund on retirement at or after age 55 depending on their date of birth. A benefit may be paid earlier, for example, in the case of permanent incapacity or financial hardship, subject to the Trust Deed and SIS provisions.
4. The Trustee of the Fund is Equity Trustees Superannuation Limited.
5. The Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of SIS.
6. The Fund can accept contributions from an employer on behalf of their employee provided that the employee is a member of the Fund at the time the contributions are made and:
 - the employee is under age 65;
 - the employee is more than age 65 but less than 75 and has been gainfully employed on a part-time basis during the financial year for which the contribution relates (i.e. they have worked at least 40 hours in a period of not more than 30 consecutive days in that financial year); or
 - the contributions are mandated employer contributions.

For and on behalf of the Trustee
Equity Trustees Superannuation Limited