

SECTION 3 — Member(s) details

▶▶ Please provide details of the UniSuper member(s) you are making contributions for.

Member Number 1

UniSuper Member Number

(As provided by Employee on Standard Choice form)

Surname

Given name

Date of birth (DD/MM/YYYY)

 / /

Contribution details:

Super Guarantee component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional employer component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary sacrifice component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
After tax voluntary component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL CONTRIBUTION	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Member Number 2

UniSuper Member Number

Surname

Given name

Date of birth (DD/MM/YYYY)

 / /

Contribution details:

Super Guarantee component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional employer component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary sacrifice component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
After tax voluntary component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL CONTRIBUTION	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If contributions are being made for more than four members, then print out and attach extra copies of page two of this form.

SECTION 3 — Continued

Member Number 3

UniSuper Member Number

Surname

Given name

Date of birth (DD/MM/YYYY)

 / /

Contribution details:

Super Guarantee component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional employer component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary sacrifice component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
After tax voluntary component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL CONTRIBUTION	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Member Number 4

UniSuper Member Number

Surname

Given name

Date of birth (DD/MM/YYYY)

 / /

Contribution details:

Super Guarantee component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional employer component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary sacrifice component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
After tax voluntary component	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL CONTRIBUTION	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Return your form:

UniSuper
Level 37, 385 Bourke Street
Melbourne Vic 3000

together with your cheque made payable to UniSuper Limited.