

SECTION 2 — Financial institution details

Financial institution name

Name in which the account is held

BSB number

 -

Account number

UniSuper accepts no responsibility for refunds made to this account if the account details are incorrect.

SECTION 3 — Head of company details

Title Mr Mrs Ms Dr Professor

Other

Surname

Given name

Contact numbers


Phone ()

Facsimile ()

Email address (*this will be used to confirm that your default payment details have been updated*)

@

SECTION 4 — Employer declaration

 This section must be completed by the head of the company named in section 3 of this form. Please read this declaration before you sign and date your form.

On behalf of the organisation named in section 1 of this form, by signing below I declare/acknowledge that:

- I am authorised to provide the information on this form on behalf of the organisation named in section 1.
- The information provided on this application form is true and correct.
- The financial institution details nominated in section 2 of this form will be used for all refunds paid to the organisation. The financial institution details will continue to apply unless UniSuper receives a new *Nomination of refund EFT details form*. This form will not alter the accounts to which UniSuper makes payments for other purposes (i.e. other than refunds).
- I authorise UniSuper to send a confirmation email to the email address of the signatory to this form.

Name

Signature

Date (DDMMYYYY)



RETURN YOUR COMPLETED AND SIGNED FORM TO:

UniSuper
Level 35, 385 Bourke Street
Melbourne Vic 3000

Please remember to attach confirmation of your business banking details.